United Nations
Office on Drugs and Crime

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SPECIAL POINTS OF INTEREST

WORLD DRUG REPORT 2026

PREFACE

I am pleased to introduce the 2026 edition of the UNODC *World Drug Report*. As the most comprehensive and authoritative assessment of the world drug problem, the report provides the international community with a vital source of evidence on drug production, trafficking and consumption trends, and their impacts on health, security and communities.

At a time of growing global uncertainty, reliable evidence is more important than ever. Drug markets are becoming increasingly complex, adapting rapidly to technological change, geopolitical instability and shifting consumer demand. Understanding these dynamics is critical if we are to respond effectively and protect the health, safety and well-being of people worldwide.

This year's report shows that drug use and its associated harms have continued to rise. In 2024, an estimated 331 million people used drugs – 34 per cent more than a decade ago. While this reflects population growth and the greater availability of data, it also points to a higher prevalence of drug use. And as drug use increases, more people are exposed to health and social risks.

Yet as healthcare needs continue to grow, access to treatment remains unequal. In many parts of the world, services are scarce or unavailable, leaving millions, especially women and vulnerable groups, without access to recovery and support, often due to stigma and discrimination. The consequences are lethal. Nearly half a million people died from drug use in 2023 – 29 per cent more than a decade ago. These deaths are a reminder that the world drug problem remains, at its nucleus, a human challenge that affects lives, families and communities.

At the same time, the risks associated with drug use are intensifying as illicit drug markets become more diverse and adaptable.

One of the most significant developments highlighted in this report is the continued expansion of the synthetic drugs market. In 2024, 755 new psychoactive substances, most of them synthetic, were reported globally – the highest number ever recorded in a single year. This trend reflects the growing ease with which synthetic substances can be manufactured at the same time as they are becoming harder to detect and interdict.

Amphetamine-type stimulant markets also continue to expand, spreading into new regions and reaching new consumer groups. While North America and East and South-East Asia remain the largest methamphetamine markets, developments elsewhere illustrate the adaptability of synthetic drug markets. For example, in the Middle East, disruptions to trafficking in "captagon" were followed by an expansion of methamphetamine trafficking, demonstrating how criminal groups rapidly adjust to changing circumstances.

Plant-based drug markets remain highly dynamic. Cocaine production has reached unprecedented levels, increasing more than fourfold over the past decade as cultivation expands and production rises to meet demand. Traffickers continue to diversify routes and methods, exploiting smaller ports, new transit corridors and sophisticated technologies to move their product across borders.

Meanwhile, opium cultivation in Afghanistan has remained at historically low levels. While this has significantly altered dynamics of the global supply of heroin, there is a risk that synthetic alternatives are substituting heroin from Afghanistan in consumer markets.

In addition to a review of market developments, this year's report examines the broader impact of drug use on societies. A dedicated chapter explores the relationship between drugs, safety and security, analysing how drug use can both contribute to and be shaped by violence, crime and instability.

Young people, in particular, are often more exposed to high-risk patterns of drug-use and drug-related violence. Understanding these vulnerabilities is essential for designing effective prevention and intervention strategies.

Furthermore, the report draws attention to persistent global inequities. Access to essential pain relief, in particular in medium- and low-income countries, remains limited, in large part due to regulatory barriers, weak distribution systems and policy gaps.

The findings of this year's *World Drug Report* point to a world drug problem that is evolving in scale, complexity and impact across all regions, along with the growing convergence of threats and harms associated with the illicit drug trade. To be effective, responses must be grounded in evidence, centred on people and tailored to local contexts. I hope that this edition of the *World Drug Report* will serve as a useful resource for countries to better understand and respond to the drug challenges that they face, through comprehensive and balanced responses. Only by combining public health, justice and security approaches can we reduce harm, save lives and build safer, healthier and more resilient societies.

Monica Juma, Executive Director
United Nations Office on Drugs and Crime

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Comments on the report are welcome and can be sent to:

Research and Trend Analysis Branch
United Nations Office on Drugs and Crime
PO Box 500
1400 Vienna
Austria
E-mail: unodc-research@un.org

Website: www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2026.html

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Content overview
Chloé Carpentier

Research, analysis and drafting
Martijn Kind
Kamran Niaz
Bryce Pardo
Thomas Pietschmann
Danica Thanki
Antoine Vella
Peipei Zhang

Mapping
Julie Astoul
Coen Bussink
Irina Tsoy
Lorenzo Vita

Data management and estimate production
Sonia Arias Garcia (UNAIDS)
Jared Brown
Natalia Ivanova
Milos Miljanovic
Umidjon Rakhmonberdiev
David Rausis
Ali Saadeddin
Markus Schwabe
Irmgard Zeiler

Online platform development
Gerald Kandulu

Graphic design and production
Kristina Kuttnig
Maria Moser

Editing
Joseph Boyle
Jonathan Gibbons

Research and data support
Christian Halaby
Hania Khattab
Maria Neves
Francine Uwera

Administrative and coordination support
Andrada-Maria Filip
Iulia Lazar
Francesca Massanello
Luka Žagar

Fieldwork for the thematic chapter
Marie Claire Van Hout

Bangkok, Thailand:
Apinun Aramrattana,
Nida Buawangpong,
Wichuda Jiraporncharoen,
Kriengkrai Peungchuer

Cape Town, South Africa:
Nadine Harker, Charles Parry

Dakar, Senegal:
Zelia Briggs, Emilie Dael Causse,
Amory Lumumba, François Patuel,
Cecilia Rossa

Delhi, India:
Atul Ambekar, Sanjeev Bhoi,
Nishtha Chawla

Nairobi, Kenya:
Reychad Abdool

São Paulo, Brazil:
Thiago Marques Fidalgo, Anna Paula Soares da Silva Marmirolli,
Fábio Augusto do Prado Marmirolli

Contributions, review and comments

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Jonathan Caulkins
Marya Hynes
Vicknasingam B. Kasinather
Jane Mounteney
Charles Parry
Afarin Rahimi-Movaghar
Peter Reuter
Alison Ritter

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KEY FIGURES AT A GLANCE

DRUG USE

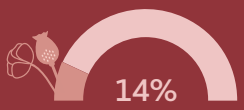
People who use drugs, 2024

331
million people

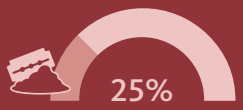
34%
over 10 years

cannabis	opioids	amphetamines	cocaine	"ecstasy"
256 million	63 million	32 million	25 million	21 million

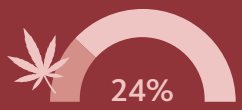
Women among people who use drugs, 2024



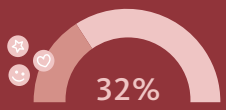
14%
opiates



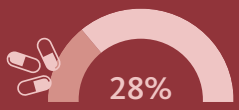
25%
cocaine



24%
cannabis



32%
"ecstasy"-type substances



28%
amphetamines

People with drug use disorders, 2024

63
million people

population
1 in 12
in treatment

or
8.2%

among women with drug use disorders
1 in 23

among men with drug use disorders
1 in 9

People who inject drugs, 2024

14
million people
who inject drugs

among whom:

6.9 million
living with hepatitis C

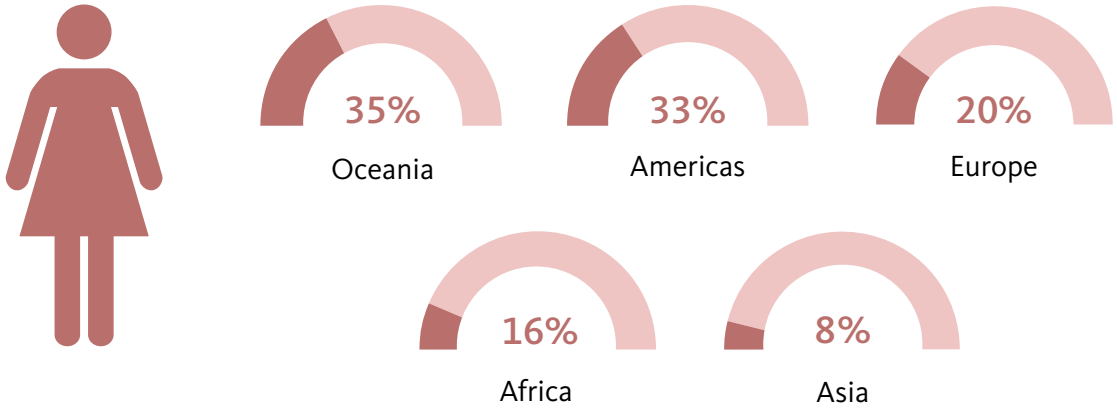
1.7 million
living with HIV

1.5 million
living with HIV and hepatitis C

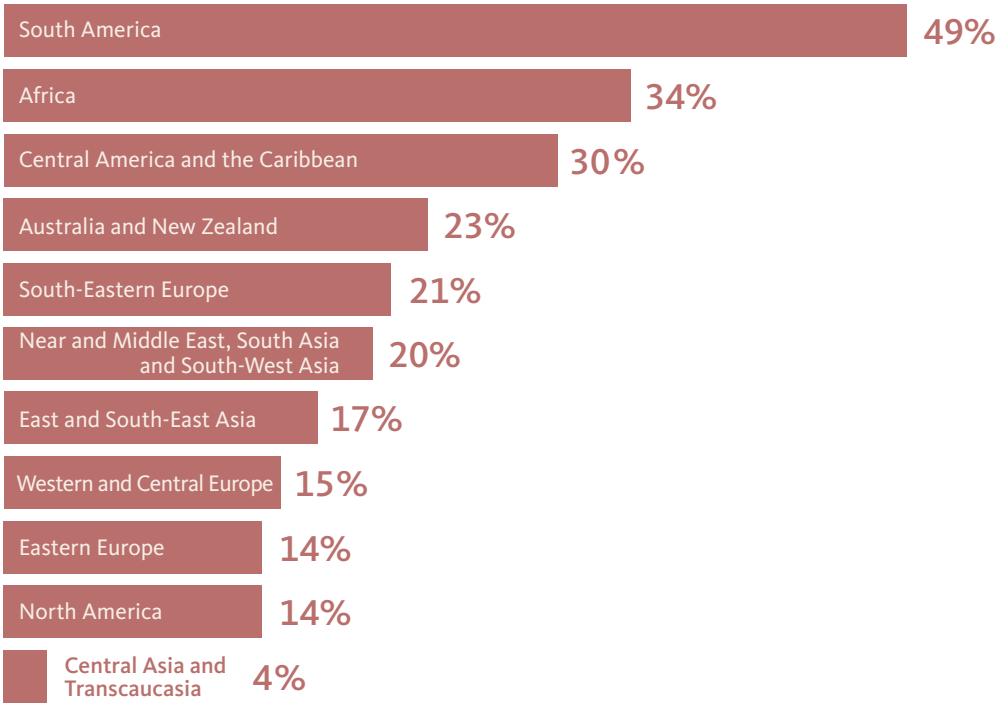
KEY FIGURES AT A GLANCE

DRUG TREATMENT

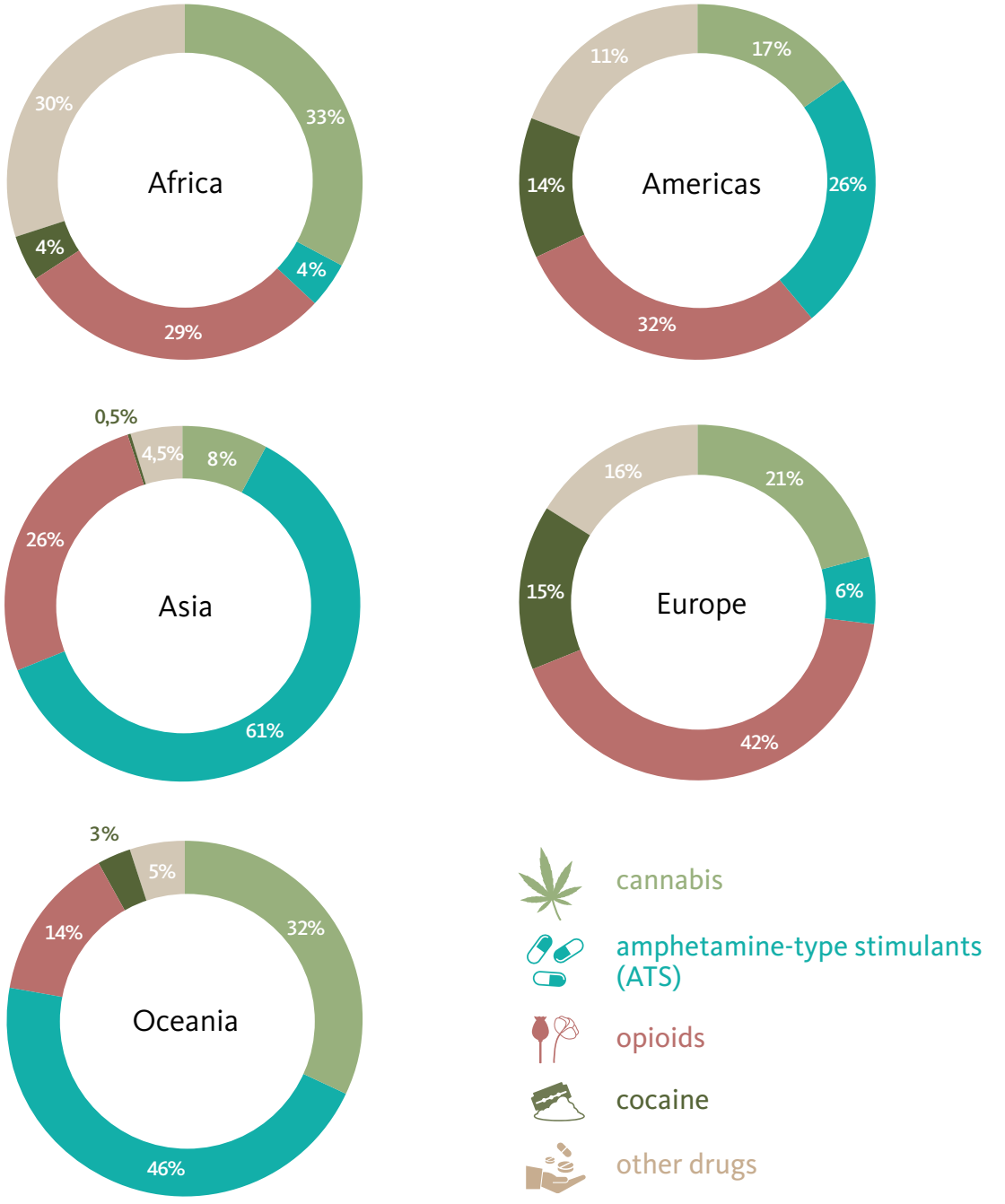
Women among people in drug treatment, 2024



People under 25 years of age among people in drug treatment, 2024



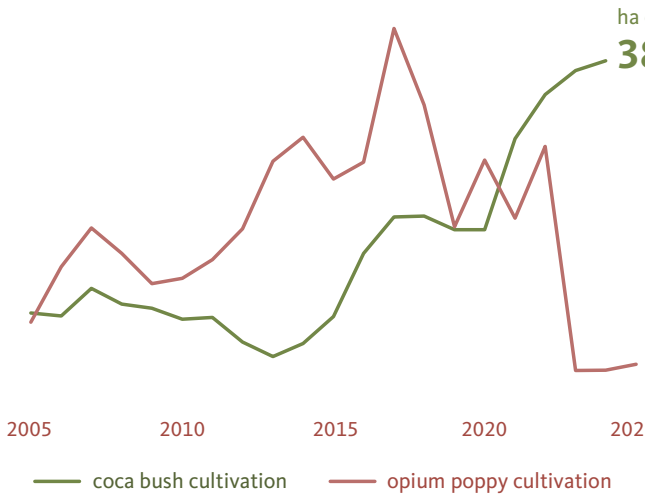
Primary drug of people in drug treatment, 2024



KEY FIGURES AT A GLANCE

CULTIVATION, PRODUCTION AND TRAFFICKING

Global cultivation



coca bush

↑ 2%

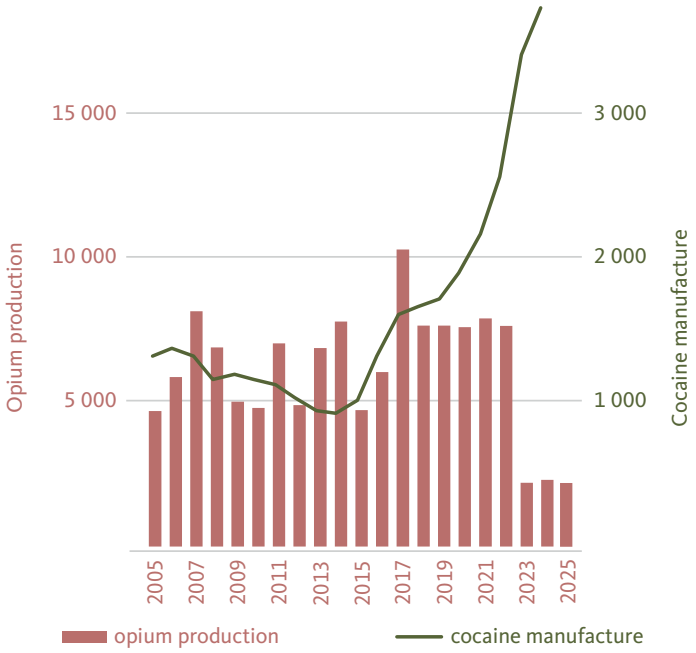
between 2023 and 2024

opium poppy

↑ 5%

between 2024 and 2025

Global production



tons of pure cocaine, 2024

4 100 (3 800–4 700)

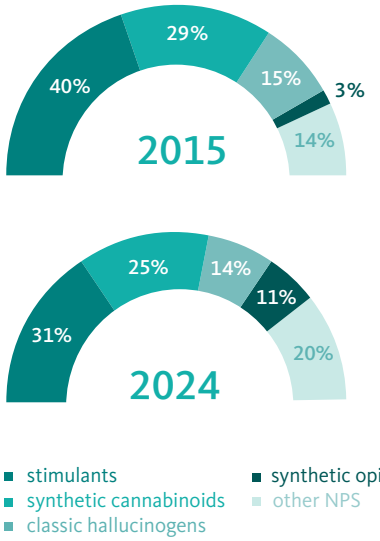
tons of heroin, 2025

194–206

tons of opium, 2025

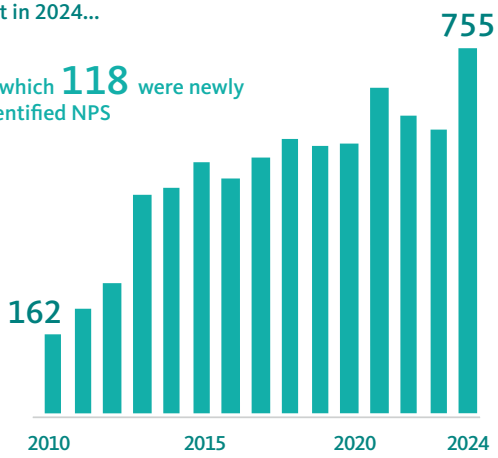
2 100

New psychoactive substances (NPS) on the global market

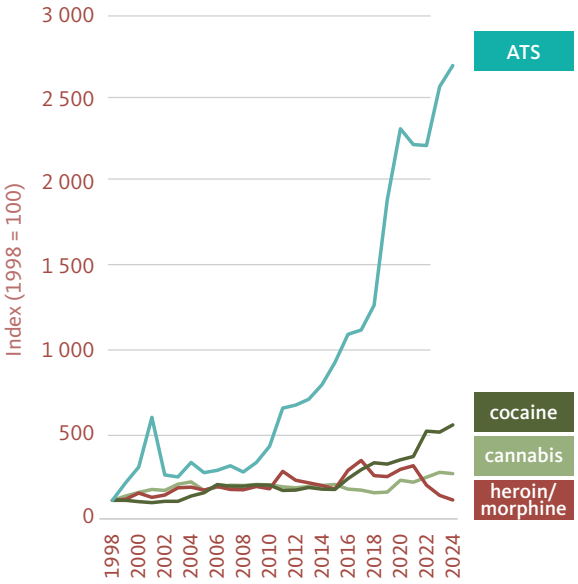


755
NPS on the market in 2024...

... of which **118** were newly identified NPS



Trends in quantity of drugs seized



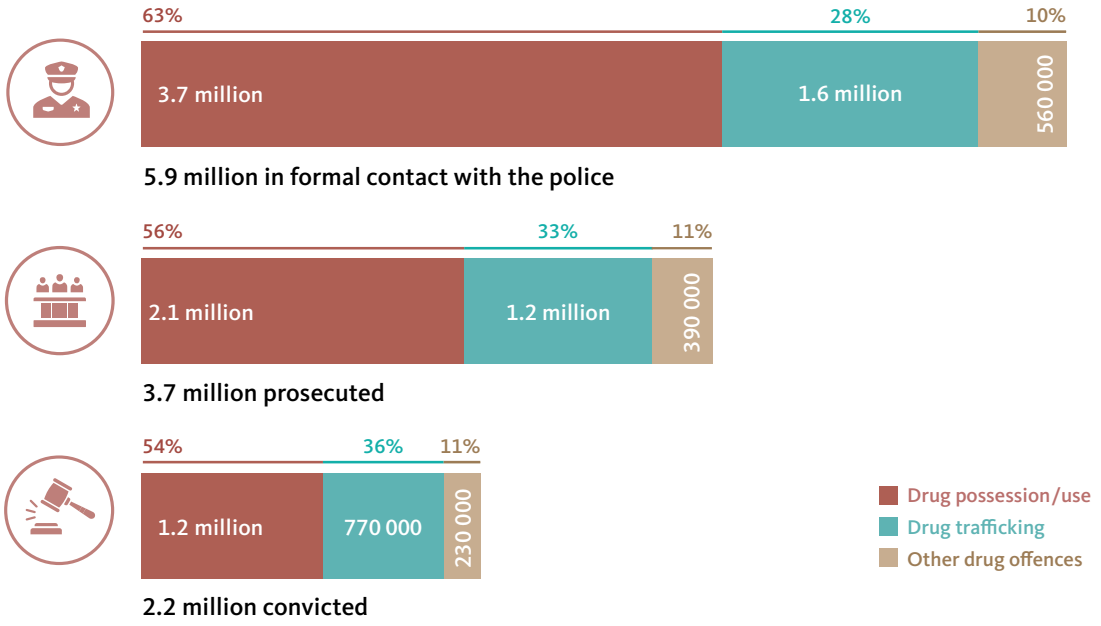
Global quantities of drugs seized, 2024

Note: Seizures of amphetamine include estimates for non-reporting countries.

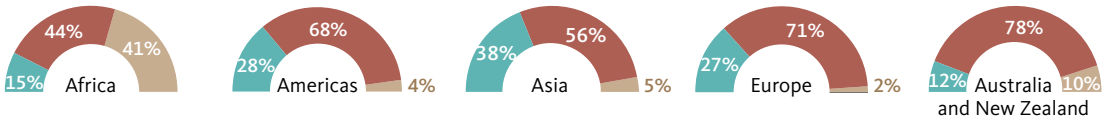
KEY FIGURES AT A GLANCE

CRIMINAL JUSTICE SYSTEM

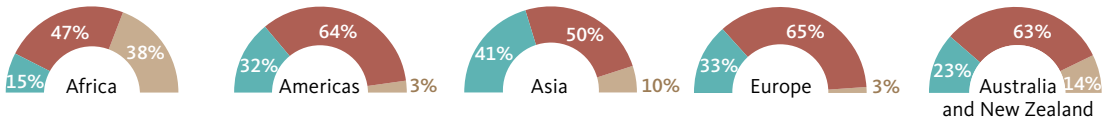
People in the criminal justice system for drug offences, 2024



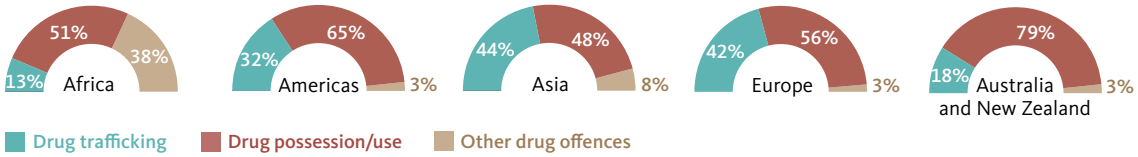
Types of drug offences among people in formal contact with the police, 2024



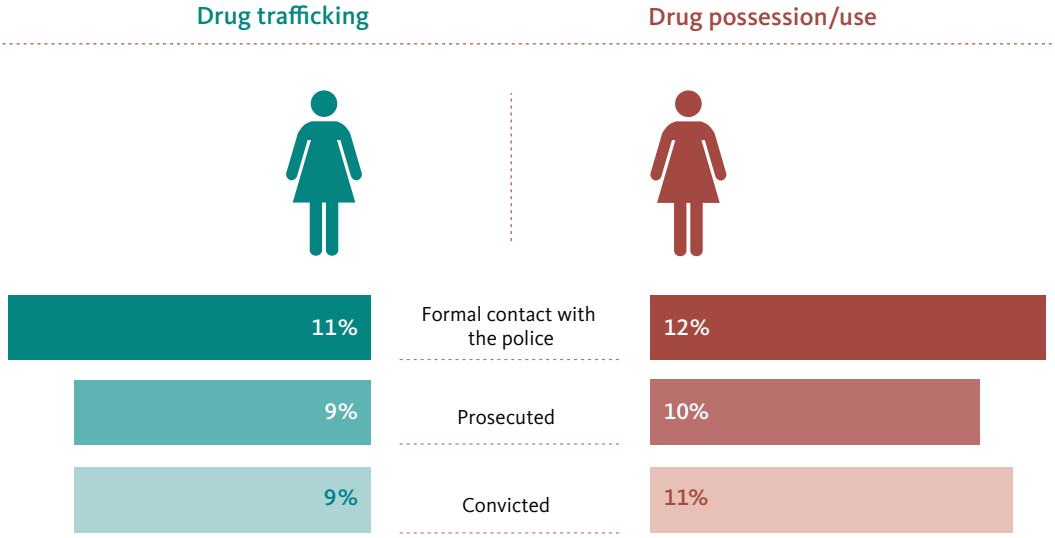
Types of drug offences among people prosecuted, 2024



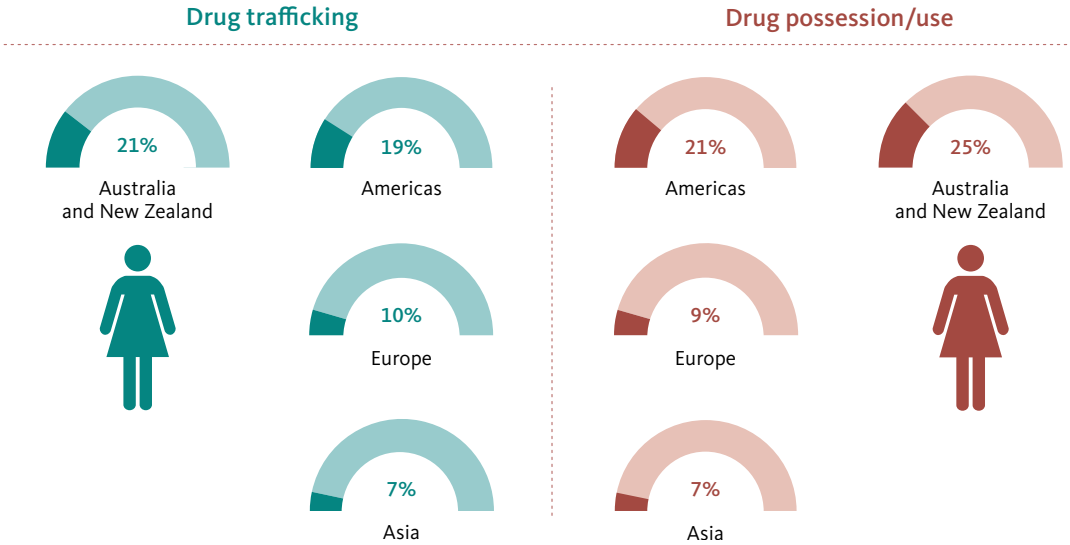
Types of drug offences among people convicted, 2024



Women among people in the criminal justice system for drug offences, 2024



Women among people in formal contact with the police for drug offences, 2024



INSIGHTS

INSIGHT
Conflict and post-conflict transitions

A new cycle of conflict and post-conflict transitions in the Near and Middle East and South-West Asia may have a profound impact on global drug markets

The region of the Near and Middle East and South-West Asia has entered a new cycle of conflict and post-conflict transitions that could have a profound impact on regional and international drug markets. The end of the conflict in the Syrian Arab Republic has disrupted established trafficking and production networks for "captagon" and altered regional dynamics, while methamphetamine trafficking is thriving in the region and beyond. At the same time, reductions in opium production in Afghanistan are reshaping the global supply of heroin, raising the likelihood of supply shifts towards potentially more harmful synthetic alternatives.

Disruptions in "captagon" supply

The end of the conflict in the Syrian Arab Republic has disrupted "captagon" production and weakened the networks that sustained the market.

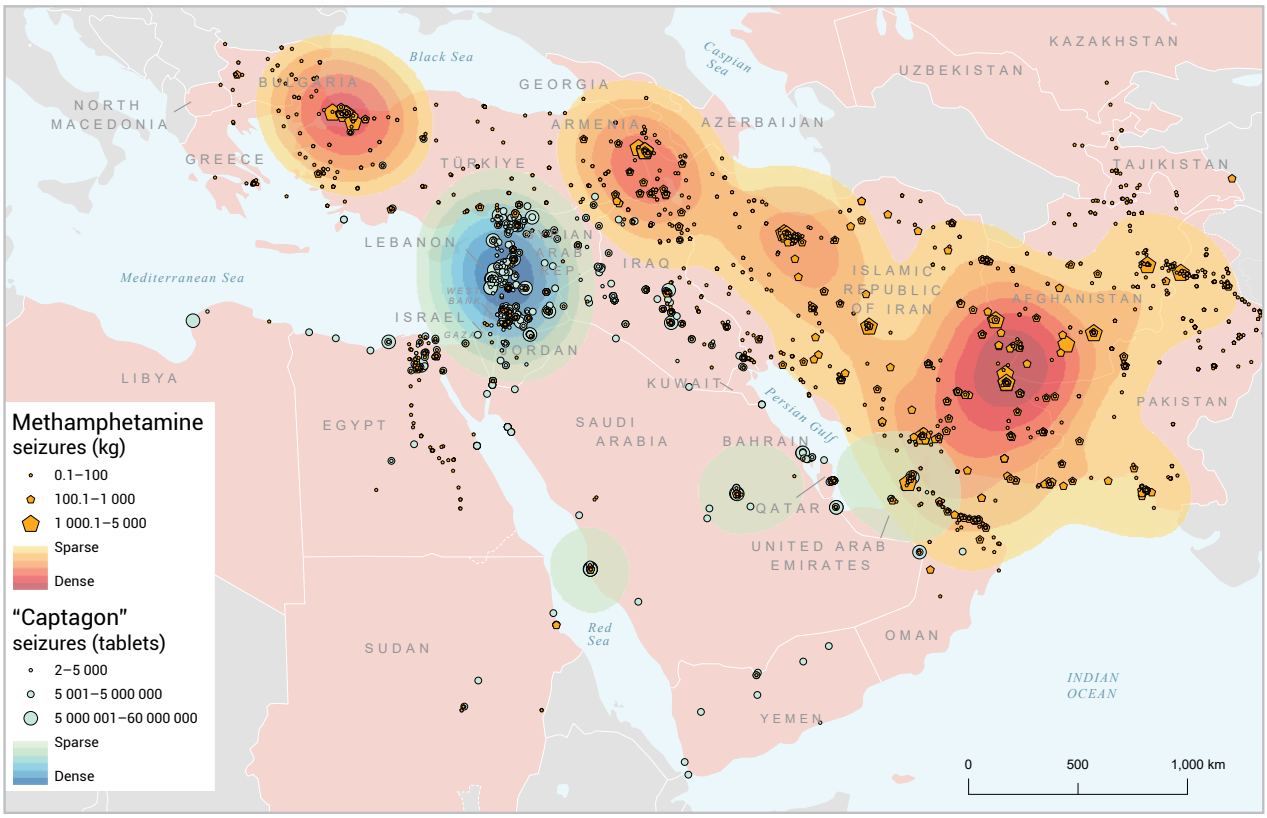
- Conflict and drug markets have been closely intertwined in the Near and Middle East for years. The market for "captagon", an illicitly manufactured product usually containing amphetamine, grew with the conflict in the Syrian Arab Republic. The stimulant was used on the battlefield but also found a market in the wider region, particularly in the Gulf countries. Local production was complemented by facilities beyond the country's borders. Well-connected criminal networks operating across the border areas of the Syrian Arab Republic grew to service the market.
- The end of the conflict and a change of government in late 2024 transformed the dynamics of "captagon" production. The country's authorities reported that 16 laboratories, mostly of industrial scale, have been dismantled since December 2024, along with 15 smaller storage facilities. Operators of laboratories have also tried to liquidate "captagon" stockpiles, leading to a sharp rise in trafficking and the volume of seizures in 2025 in the Syrian Arab Republic and Lebanon.
- The weakening of networks operating in the Syrian Arab Republic and across the border with Lebanon, and the realignment of alliances in the region, likely facilitated significant law enforcement successes close to the border between the two countries. As an immediate consequence, the price of a "captagon" tablet sold in Lebanon more than doubled, from $2 to $3 per tablet to $5 to $7.

Methamphetamine expansion in the Near and Middle East

In the context of the recent disruptions of the "captagon" market and the recent expansion of the supply of methamphetamine in South-West Asia, methamphetamine is increasingly becoming entrenched in the Near and Middle East.

- Changes in the "captagon" market in the Near and Middle East come as evidence points to an uptick in both demand for and supply of methamphetamine in the region. In the Gulf countries, methamphetamine has been linked to drug overdoses in recent years. In Saudi Arabia, its use is believed to have taken root among people who had previously used "captagon". Methamphetamine is now assessed to be one of the three most used drugs in the country, alongside cannabis and "captagon". In some countries in the Near and Middle East, methamphetamine now accounts for the largest share of drug-related treatment admissions. In Iraq and Türkiye, methamphetamine has also become the main drug of concern in terms of treatment provision.
- There is limited evidence of methamphetamine laboratories in the Near and Middle East, with the bulk of the substance reportedly originating in countries further east. The origin of much of the methamphetamine that flows through the Islamic Republic of Iran and into the markets of the Near and Middle East is suspected to be South-West Asia, although confirmatory analysis and evidence are limited.

Main seizures of methamphetamine and “captagon” reported in and around the Near and Middle East/ South-West Asia, 2021–2025



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.
Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Source: UNODC Drugs Monitoring Platform.

› Methamphetamine flows into the Near and Middle East mostly from the east, either across the land border between Iran (Islamic Republic of) and Iraq or directly into the Arabian Peninsula by sea. “Captagon” is generally trafficked along separate routes. However, given that methamphetamine shares a common precursor chemical with “captagon”, there is, in principle, a risk that the same facilities could be used to produce both drugs. In May 2024, a laboratory for both “captagon” and methamphetamine manufacturing was dismantled in the north-eastern province of Sulaymaniyah in Iraq, near the border with the Islamic Republic of Iran.

INSIGHT

Conflict and post-conflict transitions

Turning point in opioid markets

The sharp decline in opium production in Afghanistan is creating a global supply shock with long-term implications.

- The entanglement of opioids with conflict goes back centuries. In recent decades, the conflict in Afghanistan has shaped global patterns of opiate supply. The country was long the world's dominant source of heroin until 2022, when it began enforcing a ban on drug production in 2023. Since then, cultivation and production have collapsed by 95 per cent. In 2025, cultivation remained well below pre-ban levels at 10,200 hectares, a fraction of the estimated 232,000 hectares cultivated in 2022. Total opium production remains just as disrupted, shrinking from 6,200 tons in 2022 to an estimated 296 tons in 2025. Although the drug ban in the country has severely disrupted the supply of opiates, indicators of methamphetamine supply remain largely unaffected by the ban as seizure quantities continue to increase in the region and wholesale prices in Afghanistan continue to decline.
- Although global heroin supplies are likely to be affected by the drug ban in Afghanistan, no other country regularly monitored by UNODC (i.e. the Lao People's Democratic Republic, Mexico and Myanmar) suggests increasing production levels to fill the gap in supply left by Afghanistan. Myanmar is now the largest producer of illicit opium, with the amount produced by the country having risen from about 420 tons in 2021 to more than 1,000 tons in 2025. However, this increase is a response to that country's internal conflict rather than to declines in Afghanistan.
- Anecdotally, there appears to have been some displacement of poppy cultivation to countries around Afghanistan. Eradication of opium poppy reported to UNODC more than doubled in India and Pakistan between 2022 and 2023. These early reports are supported by data from Afghanistan showing that dry opium prices declined in the past year, although they remain well above pre-ban levels.
- Although some degree of illicit cultivation of opium poppy and illegal production of opium is likely to persist in the future in some parts of the world, major heroin markets continue to face supply constraints. The best estimates suggest that stocks of opium in Afghanistan could last until the end of 2026. The idea that supplies from Afghanistan are dwindling is supported by survey data among men in Afghanistan that show that more are seeking treatment for problems with pharmaceutical opioids and sedatives and tranquillizers than with opiates, which had long dominated in the country.
- Nevertheless, even if illicit poppy cultivation were to increase outside of Afghanistan, it is unlikely that farmers would be able to quickly scale up cultivation or that traffickers would be able to re-establish smuggling networks. The more likely effect is that traffickers would turn to synthetic opioid substitutes such as fentanyls and nitazenes, or orphines, thereby essentially reshaping global illicit opioid markets. Nitazenes, for example, are increasingly being seized in Western and Central Europe, where they have been responsible for several hundred deaths since 2022.

Drug market dynamics are rapidly evolving as traffickers adapt to enforcement and exploit new opportunities

Global drug trafficking markets are undergoing rapid transformation, marked by expanding production, shifting routes and the increasing diversification of substances. Cocaine supply has surged to unprecedented levels, accompanied by adaptive trafficking strategies that exploit new routes, technologies and smaller consignments to evade detection. At the same time, cannabis trafficking patterns are evolving, with growing interregional flows and new source countries. These developments are unfolding alongside the rise of synthetic drugs, which offer traffickers logistical and economic advantages. Together, these trends highlight a more complex dynamic and competitive global drug market that is reshaping both drug supply chains and law enforcement responses.

Cocaine trafficking

Global cocaine supply is expanding, accompanied by shifts in trafficking routes and strategies.

- Since the most recent low point in 2014, the potential manufacture of pure cocaine has grown more than fourfold to over 4,000 tons in 2024, driven largely by increases in the area under cultivation and in productivity.
- The most recent data from 2024 showed that cocaine production continues to rise, with seizures broadly keeping pace. This suggests that the net supply available to consumers also grew at the same pace, with the likely outcome being a surge in availability of cocaine in destination markets. Reflecting that, wholesale prices in several key transit countries fell in 2024.
- There were signs in 2024 that patterns of trafficking were somewhat shifting. Aggregate seizure quantities declined overall in Western and Central Europe and moved away from key ports in Belgium, Germany and Netherlands (Kingdom of the) towards smaller ports, and towards France, Portugal and Spain overall. Several European countries recorded smaller quantities seized in cases involving containers at seaports, with more Europe-bound cocaine being intercepted in South America. The share of global seizures made in South America in 2024 was 64 per cent — the highest share since 1984.
- In 2024, smaller consignments were evident across the supply chain – from cocaine base shipments in the Americas to cocaine hydrochloride seizures in Europe. In addition, smaller European ports with a limited history of cocaine seizures are increasingly being exploited, a dynamic that appears to have begun even earlier, in 2023. This suggests a strategic pivot among traffickers to lower-risk operations in response to evolving control measures.
- These shifts in routes and consignment sizes are occurring in a context of gradual developments whereby traffickers have been seeking out technological innovations, including airborne and underwater drones, to help their businesses. Airborne drones are increasingly being used, not only in the context of cocaine trafficking, to transport drugs across borders and into prisons, for surveillance and as weapons.

Cannabis trafficking

Cannabis markets are becoming increasingly interregional, with new sources and trafficking patterns emerging.

- Cultivation of cannabis occurs in virtually every country worldwide, and trafficking in cannabis herb continues to be mostly carried out within regions. However, interregional trafficking has been growing steadily. The trend is not attributable to countries with a historically major role, such as Afghanistan, Morocco and Netherlands (Kingdom of the). Rather, North American countries appear to be an increasingly common point of origin. Those countries were mentioned as the source of shipments by 57 countries or territories outside the subregion over the period 2015–2024, up from 11 over the period 2005–2014.

INSIGHT
Drug market dynamics

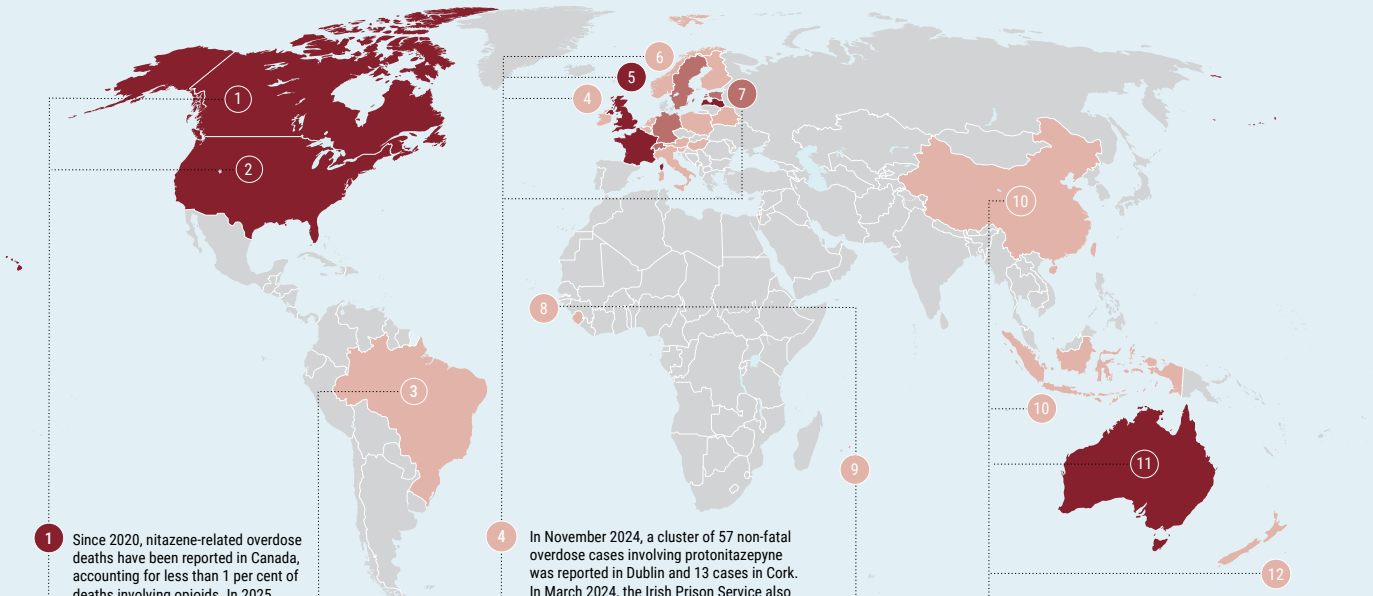
- Some countries where cannabis has entered commercial supply chains (even temporarily) appear to be increasingly used to source cannabis for illicit markets elsewhere. Major entry points to the illicit drug market in Europe, whose role was previously associated with other drugs, such as the ports of Antwerp, Belgium; Rotterdam, Kingdom of the Netherlands; and Hamburg, Germany, are increasingly being used for cannabis trafficked along new routes. Market competition in legalized and illegal settings, and interaction across those settings, may be contributing to an ever-broader variety of cannabis products and to increasing potency levels.

Synthetic drugs and diversification of products

Synthetic drugs are reshaping global markets, offering traffickers flexibility and competitive advantages over some plant-based drugs, but with potential for serious health consequences.

- The continued predominance of cocaine and cannabis comes as the number and availability of synthetic drugs has grown, threatening to supplant plant-based drugs. The challenge to plant-based drugs has come principally from synthetic stimulants such as amphetamine and methamphetamine, and, increasingly, from synthetic opioids such as fentanyls and nitazenes.
- The methamphetamine market is the largest synthetic drug market globally. It continues to expand beyond traditional markets (North America, East and South-East Asia and Australia and New Zealand) to new markets, approaching global ubiquity. The trend in global methamphetamine seizures suggests an annual growth rate of around 13 per cent as of 2024, driven by the quantities seized in East and South-East Asia. Myanmar continues to be the predominant source country for the methamphetamine market in this region, as has been the case since the late 2000s. However, there is evidence suggesting that the country now faces competition from new supply routes from North America and Africa. The expansion of the methamphetamine market raises particular concerns in view of the elevated potential for harm and for the development of dependence associated with this drug.
- Some synthetic drugs seem to have competitive advantages over plant-based drugs, in particular because their production does not rely on the cultivation of illicit crops and is thus not bound by specific climatic regions and terrains. Synthetic drugs have an economic appeal to traffickers, require fewer resources and take up less space. They are also produced closer to destination markets, reducing the risk of interception.
- The main limiting factors for the synthetic production cycle are chemical expertise and the availability and cost of precursor chemicals and machinery. These barriers are too easily overcome in a globalized, digitized world characterized by the free flow of information and a multitude of channels for international trade.
- The sheer number of drugs on the market has exploded in the past two decades. There are five times more unique drug types reported in drug seizures than there were before 2000. Many of these are synthetic substances. The number of different NPS on the global market, most of which are synthetic, also continues to increase. In 2024, 755 NPS, a record high, were documented by early warning systems around the globe. However, beyond the misuse of certain pharmaceuticals such as fentanyls, tramadol and ketamine, not one NPS has achieved a predominance comparable to traditional controlled drugs, thus containing their aggregated harms at the global level.
- Traffickers and dealers are targeting potential users, in particular young people, with snappy branding and new forms of substances. These products bring additional risks, as users are often unknowingly ingesting multiple substances. Samples have shown wide variations in chemical composition, sometimes containing particularly harmful substances such as synthetic opioids. Examples include “tucibi” or “pink cocaine”, a powder marketed to club goers mostly in the Americas that can contain ketamine, MDMA, methamphetamine, cocaine, opioids and other substances. In addition, “Happy water” mixtures have been seized in East and South-East Asia. The ready-to-drink concoction can include anything from ketamine to MDMA. “Party lollipops” have also appeared in the subregion, containing benzodiazepines, tramadol and ketamine, among other substances. In Hong Kong, China, and Singapore, the sedative etomidate was found in vaping products called “space oil” or “K-pods”, which are being used by young people. “Kush”, which is popular in West Africa, can include synthetic cannabinoids, NPS opioids (nitazenes) and other chemicals. Vaping products containing synthetic cannabinoids, semi-synthetic cannabinoids and many other substances such as cocaine and heroin have been found in North America and Europe. Some samples from Australia contained nitazenes.

Number of unique nitazene analogues and reported cases in 2024



1 Since 2020, nitazene-related overdose deaths have been reported in Canada, accounting for less than 1 per cent of deaths involving opioids. In 2025, there were 704 identifications of nitazenes in drug seizure samples analysed, representing 2.5 per cent of all identified opioids.

2 In 2024, 409 deaths attributed to nitazenes were reported across 43 jurisdictions in the United States, including 144 overdose deaths attributed to metonitazene.

3 In Brazil, between July 2022 and April 2023, nitazenes (predominantly metonitazene) were the most frequently reported substances in seizures containing opioids. Nitazenes have also been identified in combination with synthetic cannabinoids (e.g., MDMB-4en-PINACA) and cocaine.

4 In November 2024, a cluster of 57 non-fatal overdose cases involving protonitazepyne was reported in Dublin and 13 cases in Cork. In March 2024, the Irish Prison Service also issued an alert regarding nitazene-related overdoses in prisons.

5 In the United Kingdom, between June 2023 and August 2025, nitazenes were linked to approximately 750 overdose deaths, representing roughly three times the number of deaths related to fentanyl and its analogues.

6 In 2024, unique nitazene analogues were reported from 17 countries in Europe. In Norway, 36 nitazene analogue-related deaths were reported between 2021 and 2024. The presence of nitazenes in falsified oxycodone or buprenorphine tablets has been reported in multiple countries. Clusters or significant numbers of deaths and acute toxicity cases linked to nitazenes have also been reported in France, Finland, Germany and Sweden.

7 In 2024, 42 of 100 deaths in Estonia and the majority of 203 deaths in Latvia were associated with nitazenes. Nitazenes have been detected in syringe residues in Estonia and Latvia, and in combination with benzodiazepines and stimulants.

8 Nitazenes (including protonitazenes and metonitazene) have been identified together with synthetic cannabinoids (e.g., MDMB-4en-PINACA, ADB-BUTINACA) and cocaine in samples of "kush", a drug associated with significant harm in Guinea-Bisseau and Sierra Leone. By 2023, fatalities believed to be linked to kush had been reported in Gambia, Guinea, Liberia and Sierra Leone.

9 In Mauritius, four and in Seychelles, one unique nitazene analogue (metonitazene) were reported in 2024.

10 In 2024, China reported two and Indonesia reported three unique nitazene analogues. In June 2025, China's Ministry of Public Security, National Health Commission and National Medical Products Administration jointly announced the placement of nitazene analogues under national control using a generic definition.

11 In Australia, protonitazene, metonitazene, isotonitazene, butonitazene, etodesnitazene and etonitazepyne were identified in 32 emergency department presentations between July 2020 and February 2024. A total of 17 deaths attributed to nitazenes (including etodesnitazene, metonitazene and protonitazene) were recorded between 2021 and 2024. Nitazenes have been detected in powders and tablets sold as other substances (including heroin, cocaine, "ecstasy", GHB, ketamine, THC vaping products and oxycodone). Analysis of cryptomarkets indicates increasing availability of nitazenes for sale online in Australia between February 2023 and January 2024.

12 In New Zealand, four unique nitazene analogues were reported in 2024. In April 2024, N-Desethyl etonitazene was detected in counterfeit blue diazepam tablets. In December 2024, the New Zealand Customs Service intercepted counterfeit oxycodone tablets (in yellow and green colours) that contained nitazenes.

Number of nitazenes reported: 11–15 | 6–10 | 1–5 | No nitazenes reported

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.
Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.
A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Source: UNODC, Early Warning Advisory on New Psychaoctive Drugs; national reports.

INSIGHT
Global drug use

Global drug use continues to increase, while access to pharmaceutical opioids for pain management and palliative care remains insufficient in most countries

Drug use remains a significant and evolving global issue, with rising consumption and shifting patterns placing considerable strain on public health systems worldwide. Increasing numbers of people are using a wide range of substances, from cannabis and cocaine to opioids and synthetic drugs, and the related impacts vary across regions, age groups and genders. These trends are closely linked to broader social, economic and policy factors, including access to healthcare, regulatory frameworks and changing attitudes towards drug use.

Global drug use

Drug use continues to rise globally, affecting men and women differently.

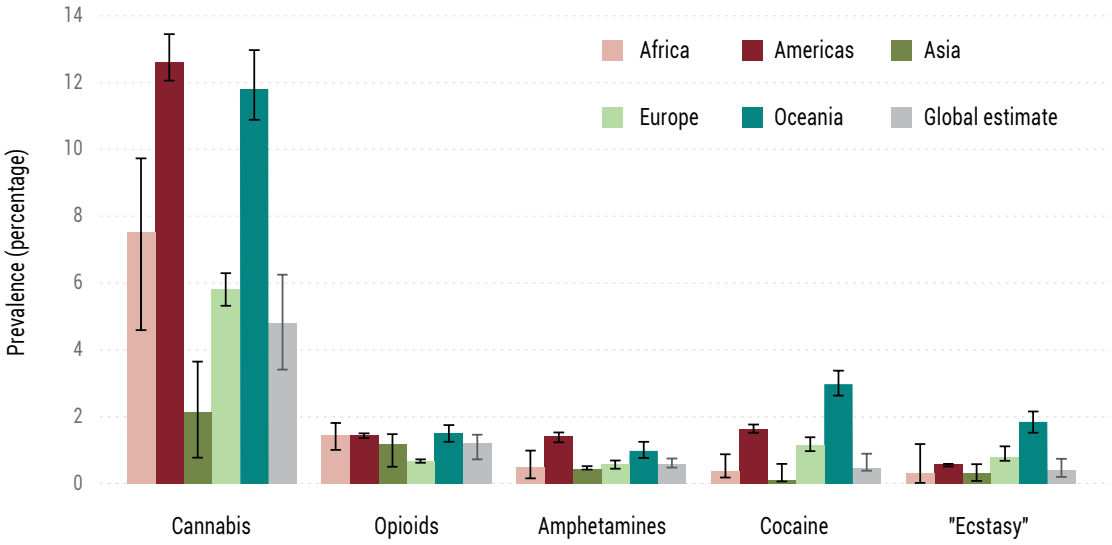
- Overall, drug use continues to increase worldwide. In 2024, 331 million people were estimated to have used a drug in the past year. This is 34 per cent more than a decade earlier, partly a result of population growth but also reflecting an increase in prevalence of use. The Americas and Asia are home to the largest number of people who use drugs (105 million in each).
- Cannabis remains the most used drug, being used by an estimated 256 million people globally in 2024. The figure represents an increase of 40 per cent over the past decade. North America is home to the largest number of cannabis users.
- An estimated 25 million people used cocaine worldwide, an increase of more than one third from over a decade ago. The main markets remain those of North America and Western and Central Europe. In the latter subregion, the use of "crack" cocaine appears to have increased in recent years.
- Opioid use appears to have remained broadly stable, used by an estimated 63 million people, half of whom use plant-based opiates. South Asia is home to the largest number of people who use opioids, reflecting the size of its population rather than very high rates of use. Other subregions, including the Near and Middle East and North America, have a higher prevalence of past-year use.
- An estimated 32 million people used amphetamines in 2024, with the highest prevalence rates estimated in North America and the largest number of people who use them living in East and South-East Asia. In addition to these main types of drugs, there are other widely used substances for which global estimates are not routinely available because of a lack of data. These include some hallucinogens and psychedelics, recently controlled substances, NPS and the non-medical use of pharmaceutical drugs other than opioids and amphetamines.
- More broadly, men and boys are far more likely to use drugs than women and girls. Roughly three times more men than women use drugs, although this ratio varies according to substances and regions. Men tend to begin using drugs when they are younger, but women tend to progress to dependence faster, a phenomenon known as the "telescoping effect". Their motivations for initiating drug use also differ. Men tend to be affected by peer pressure and sensation-seeking. Women more often report self-medication of mental health issues or pain.

Drug use in young people

Young people remain at a heightened risk of drug use, although consumption patterns and perceptions towards drugs are evolving.

- Adolescence is a critical period when the brain is still developing. Drug use in adolescence can have long-lasting effects on behaviour, emotions and cognition and can lead to mental health issues. It is also associated

Drug use in the past year, 2024



with poor performance at school and risk behaviours, which can lead to adverse socioeconomic outcomes later in life. Yet drug use is often initiated during adolescence, with early initiation exacerbating risks.

› Globally, the use of drugs remains most concentrated among those between the ages of 15 and 34. Adolescents and young people are more likely to engage in high-risk behaviours, including the use of psychoactive substances. They are also more likely to engage in drug-related violence and crime. However, in general, individuals often age out of criminal behaviour and drug taking.

› While the use of various drug mixtures is reported among young people across all regions, the use of established drugs such as cocaine has also been rising among young people in many European countries and in some countries in Latin America. Similarly, pharmaceutical drugs are being misused in greater amounts than ever before in Europe, Canada and South American countries. Recent school surveys in Europe have shown that girls have been increasingly using inhalants and misusing pharmaceutical drugs such as sedatives and tranquillizers.

› Non-medical use of ketamine is also rising among young people, particularly in nightlife and recreational settings, and by men who have sex with men in the context of "chemsex". The drug is increasingly widely available through the dark web and social media apps, at significantly lower prices than substances such as cocaine. These factors are known to attract younger users.

› Some survey evidence suggests that social media is a popular method of accessing drugs. Some 19 per cent of Europeans reported in an online survey on drugs in 2024 that they bought drugs on social media, far more than on the dark web (4 per cent). An online survey in New Zealand in 2024 found similar results, and suggested that social media was becoming more important for buying drugs.

› Perhaps because of the wide range of new products and the growing popularity of vaping devices, but also because of the pervasive use of social media, gaming and less face-to-face contact with peers during the evening, there are signs of a recent decline in adolescents' use of alcohol, tobacco and cannabis in some high-income countries. In some of these countries, young people have also been increasingly perceiving cannabis as harmful – a major reversal of long-term trends.

INSIGHT
Global drug use

Access to pharmaceutical opioids for medical purposes and non-medical use of medicines

Access to pharmaceutical opioids for pain medication and palliative care remains very low in many countries, while the non-medical use of pharmaceutical drugs has become a prominent component of drug markets globally.

- The gap in access to and availability of pharmaceutical opioids for pain management and palliative care remains stark. Availability remains extremely low in most low- and middle-income countries, despite some progress in the past decade. Meanwhile, in some higher-income countries, availability outstrips the actual need. Nearly 80 per cent of the global burden of serious health-related suffering (58.7 million people) – defined by the Lancet Commission on Palliative Care and Pain Relief as pain, suffering and severe distress associated with a life-threatening health condition or the end of life that cannot be relieved without medical intervention and is potentially amenable to relief through palliative care – was reported to be from low- and middle-income countries in 2021. By contrast, the same countries accounted for only 14 per cent of the pharmaceutical opioids available for medical consumption globally in that year.
- In addition to issues of cost and sourcing, there are persistent cultural and political impediments in many countries. Healthcare professionals are often not sufficiently trained, and there are fears of addiction and cultural stigma around opioids and the need for pain management. The opioid crisis in North America, linked to aggressive marketing and the overprescription of pharmaceutical opioids beyond their prescription for the treatment of cancer, surgery and palliative care, has likely raised concerns of misuse of pharmaceutical opioids in other countries.
- Even when drugs are available, supplies can be hampered by international trade control measures, regulatory and import requirements, a lack of policy on pain management and palliative care, weak distribution systems and the absence of less expensive formulations such as morphine.
- Once they have obtained the drugs, health authorities need to meet the challenge of ensuring the availability of controlled drugs for medical needs while securing their stocks from diversion into illicit markets. The non-medical use of a range of pharmaceutical drugs – primarily opioids, benzodiazepines and other sedatives and tranquillizers – is now a prominent component of drug markets globally, as their non-medical use often carries less stigma than the use of other drugs. Some are diverted from the medical supply chain, but most others are illicitly manufactured, sometimes in dosages higher than those used for medical purposes, or sold as falsified medicines.

Legalization of non-medical cannabis

Some countries are increasingly legalizing and regulating cannabis for non-medical use by adults, reflecting shifting policy approaches.

- Some countries in the Americas and Europe are moving beyond the decriminalization and tolerance of the use and possession of non-medical cannabis, and opting for regulations that also legalize its supply chain, even if only partially. The cultivation and use of cannabis for non-medical purposes, for example, is permitted and regulated in a growing number of jurisdictions. Canada, Uruguay and 28 jurisdictions in the United States of America have enacted legal provisions allowing the cultivation, production and sale of cannabis for non-medical adult use. Countries including Czechia, Germany, Luxembourg, Malta and South Africa, as well as one jurisdiction in Australia, have followed suit more recently, allowing varying degrees of access to the drug by adults for non-medical use. These countries, however, have not developed a commercial supply chain for non-medical cannabis.
- In North America, the legalization of cannabis for non-medical use has progressed along a continuum of gradual normalization of its use, which was driven in large part by the commercial promotion of medical cannabis – a process that has also influenced developments elsewhere. In recent years, however, non-medical use of the drug has been increasingly perceived as harmful, representing a change in attitudes in North America which is likely to also influence public health outcomes.

The health burden and social impact of drug use remain high

The global landscape of drug use continues to present complex and pressing challenges for public health, safety and social systems. Rising numbers of people who use drugs, alongside persistent gaps in treatment access, have intensified the burden of disease worldwide. Drug-related harms extend beyond drug dependence, contributing to significant mortality, the spread of infectious diseases such as HIV and hepatitis C, and widening social inequalities. At the same time, evolving drug markets – particularly the emergence of potent synthetic opioids – are reshaping risk patterns.

Global burden of disease related to drugs

As the number of people who use drugs continues to rise, so do health burdens, while drug treatment provision remains scarce in many parts of the world.

- Although most people who use drugs will not necessarily engage in high-risk drug use practices or progress to drug dependence, some do. An estimated 63 million people were suffering from drug use disorders worldwide in 2024, with opioids being the most frequent drug type used. The health burden due to drug use and drug use disorders remains high. Nearly half a million deaths were attributed to drug use in 2023 at the global level. This was 29 per cent more than a decade earlier.
- In 2024, an estimated 14.3 million people were injecting drugs. Almost one in eight people who inject drugs (1.7 million people) were living with HIV. Southern Africa, South-West Asia and Eastern Europe were the regions with the highest prevalence of HIV among people who inject drugs.
- Injecting drug use continues to be a significant driver of the global hepatitis C epidemic. In 2024, nearly half of all people who inject drugs globally (7 million) were living with hepatitis C. Hepatitis C continues to account for a large proportion of the global burden of disease attributed to drugs through cirrhosis and chronic liver diseases.
- More men than women inject drugs, but women carry a higher burden of health and social consequences. For example, among people who inject drugs, women are 20 per cent more likely than men to be living with HIV.
- Despite the need, most people suffering from drug use disorders worldwide continue not to access, or have very limited access to, treatment services. Only 1 in 12 received some form of drug treatment in 2024, and treatment options are particularly limited in Africa and Asia. Overall, women who suffer from drug use disorders are far less likely to get treatment; just 1 in 23 women who suffer from drug use disorders are in drug treatment, compared with 1 in 9 men.

Health harms from synthetic opioids

Fentanyls account for the largest share of harm from the non-medical use of synthetic opioids, in particular in North America, but the arrival on the market of nitazenes and orphines has led to a number of acute emergencies and fatal outcomes in a more diverse set of countries.

- One of the biggest reckonings with drug use in recent years occurred in Canada and the United States, which were rocked by an opioid crisis in the first two decades of this century that caused nearly a million deaths. Although the crisis began with prescribed pharmaceutical opioids, such as oxycodone, drug markets were soon overwhelmed by the introduction of illegally manufactured fentanyls. The peak of the crisis appears to have passed, with a decline in 2024 in opioid deaths involving fentanyls in those countries. Nevertheless, fentanyls continue to account for the largest share of synthetic opioid-related overdose deaths globally, and the vast majority of such deaths are in Canada and the United States.

INSIGHT
Drug use impact

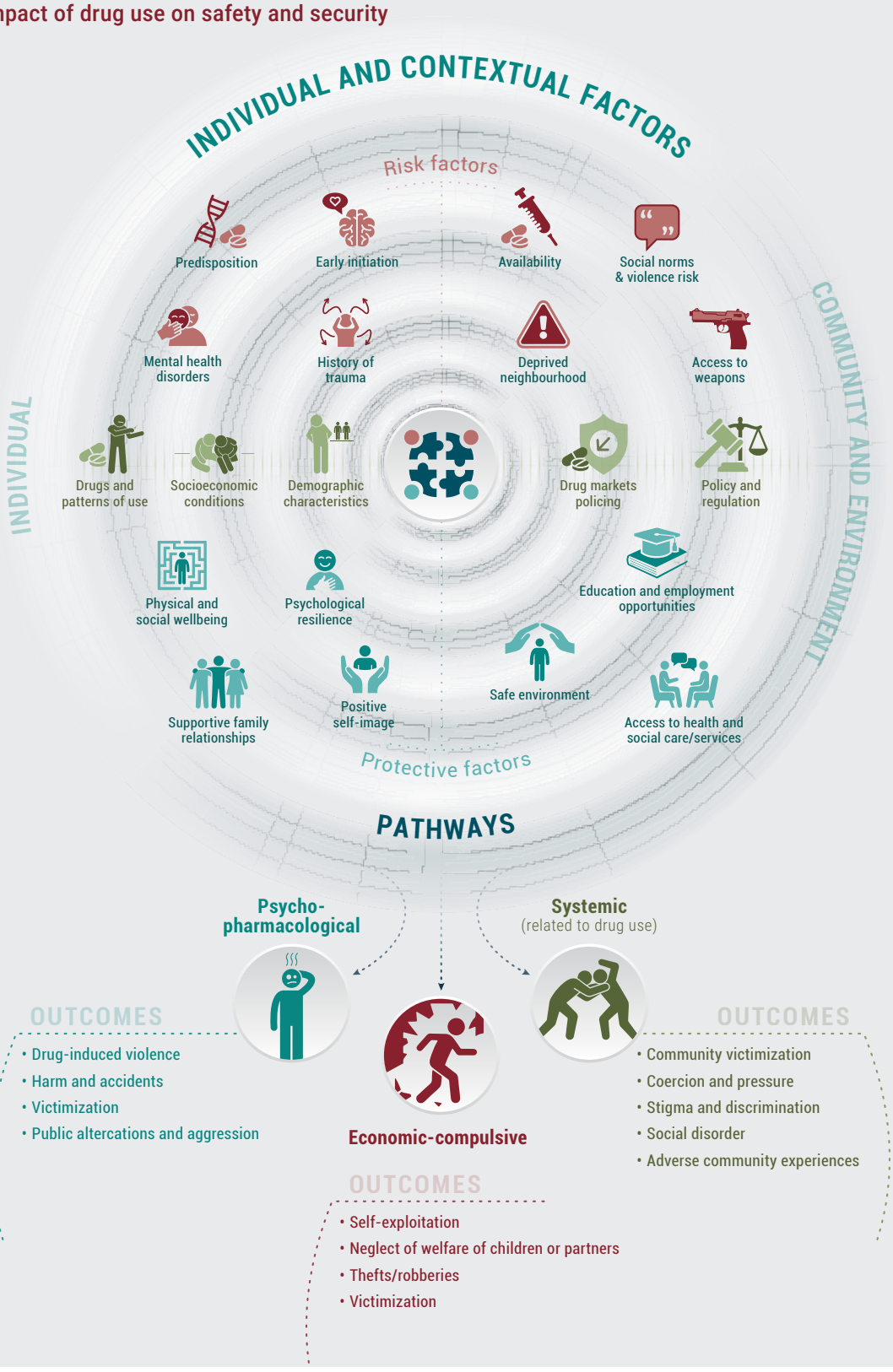
- Outside North America, Estonia and Sweden showed signs of developing a market for fentanyls. Data from both countries suggested that they had some of the highest rates per population of opioid overdose deaths in Europe. However, both have seen a major decline in fentanyl overdose cases since 2018. That decline is due to a reduction in the supply and availability of fentanyls, as well as expanded access to life-saving interventions and changes in consumption patterns.
- However, new synthetic opioids, some of which are even more potent than fentanyls, have emerged, not only nitazenes but also brorphine and other orphines. Nitazenes have been identified across 37 countries since 2019, making them far more geographically widespread than fentanyls ever have been. In 2024, fentanyls, nitazenes and orphines dominated the newly detected synthetic opioids in reports of new drugs to UNODC. Several hundred deaths related to nitazenes have been reported in several regions since 2022, although the numbers are likely to be undercounted because of a lack of routine detection for novel drugs.

Drug use and safety and security

The relationship between drug use and safety and security is complex and shaped by individual factors, as well as broader socioeconomic, cultural and policy environments.

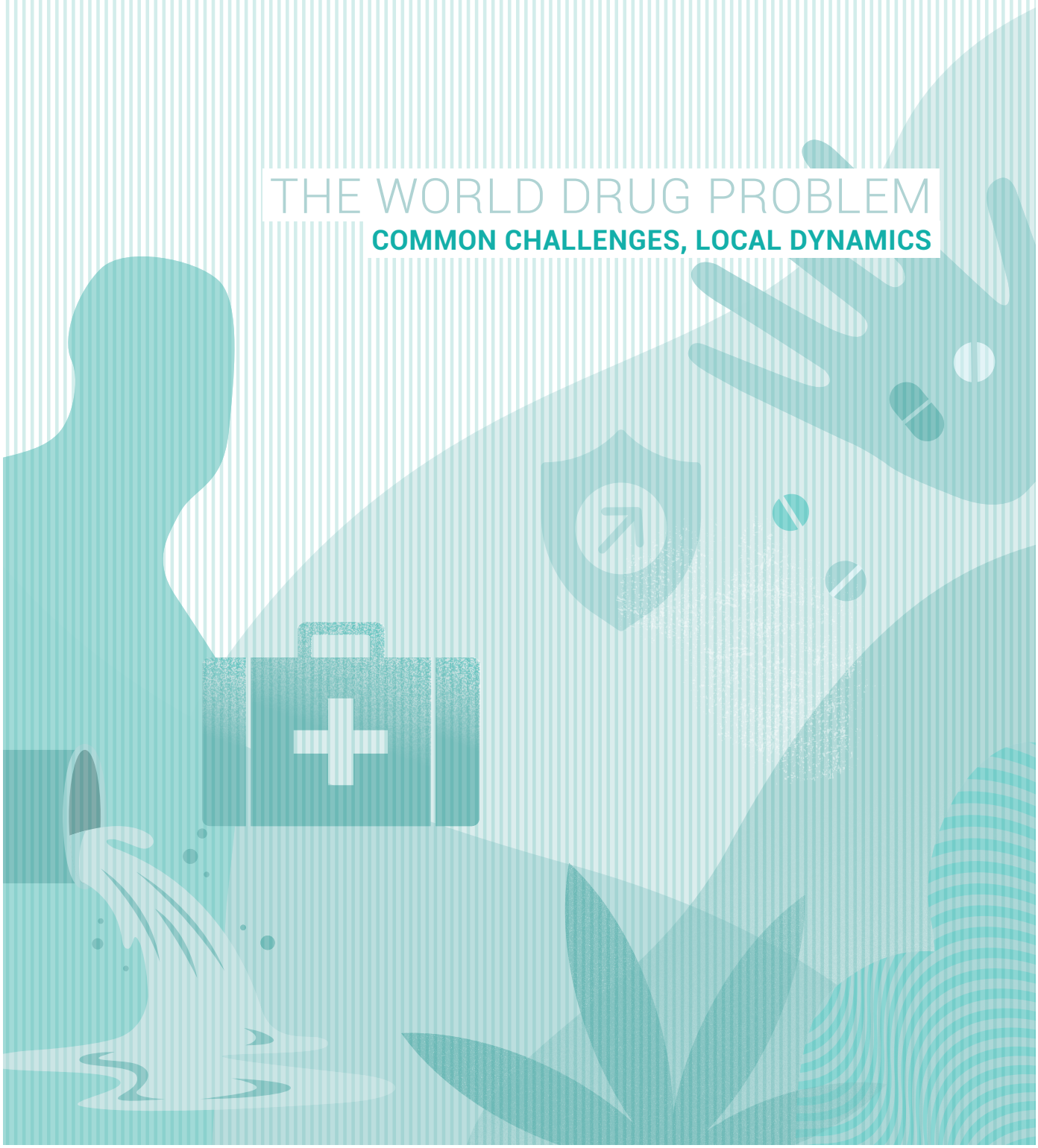
- Societies are still reckoning with the complex relationship between drug use and safety and security. Drug use can be associated with acquisitive crime, violence within families and social groups and the victimization of – and by – those who use drugs.
- However, these outcomes are also influenced by wider factors, such as the context of drug use and the personal histories of the people involved. Poverty, homelessness, poor mental health and a potential lack of treatment options are all associated with poor safety and security. Interviews with community members, law enforcement officials, service providers and people with lived experiences have shown the complexity of this relationship. Rather than there being a direct association between drug use and safety and security issues, poverty and social isolation appeared as important factors that shape such outcomes. Social isolation was largely seen as a result of the stigma around taking drugs. However, this stigma could be linked back to the increased risk of crimes, such as thefts perpetrated by people who use drugs to financially support their use.
- Ultimately, as research has shown, the worst security and safety outcomes are avoided when there is sufficient availability of health and social care interventions, including evidence-based drug treatment, and when there are interventions addressing social determinants and other contextual factors.

Impact of drug use on safety and security



THE WORLD DRUG PROBLEM

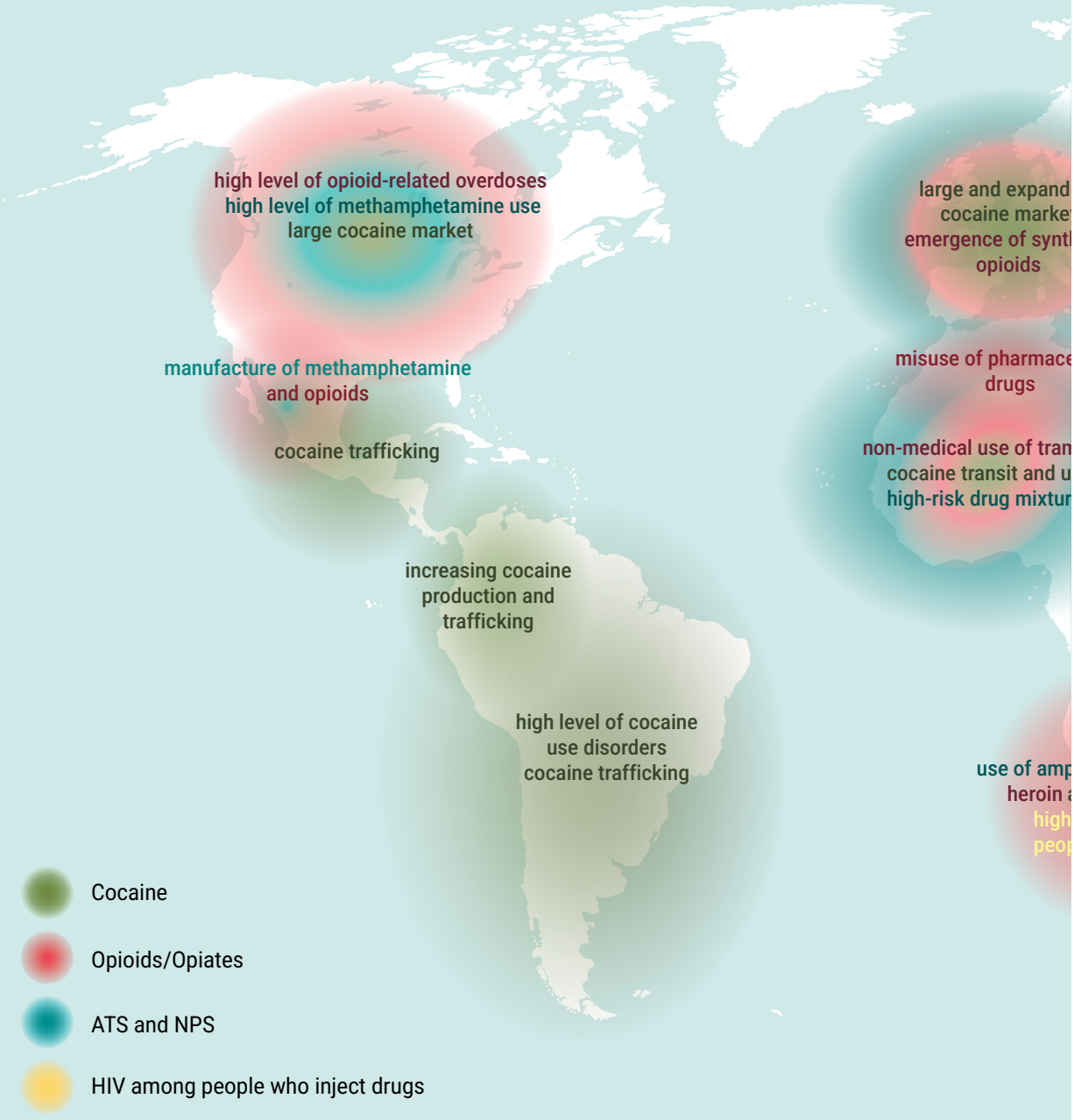
COMMON CHALLENGES, LOCAL DYNAMICS

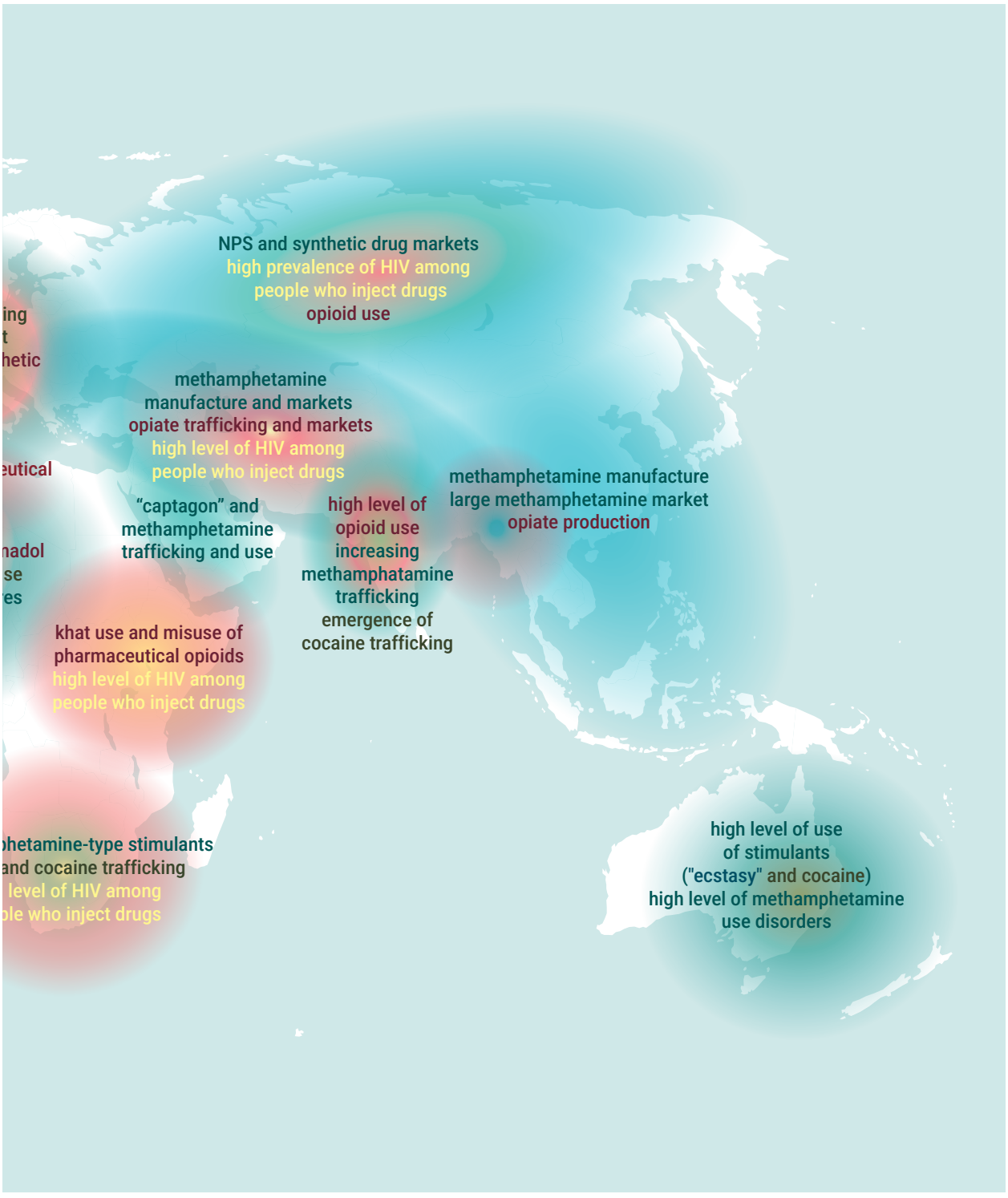


THE WORLD DRUG PROBLEM

REGIONAL DYNAMICS (MAP)

While cannabis trafficking and use affect all regions worldwide, other drug issues pose additional threats in different geographical locations




NPS and synthetic drug markets
high prevalence of HIV among
people who inject drugs
opioid use
methamphetamine
manufacture and markets
opiate trafficking and markets
high level of HIV among
people who inject drugs
methamphetamine manufacture
large methamphetamine market
opiate production
"captagon" and
methamphetamine
trafficking and use
high level of
opioid use
increasing
methamphatamine
trafficking
emergence of
cocaine trafficking
khat use and misuse of
pharmaceutical opioids
high level of HIV among
people who inject drugs
high level of use
of stimulants
("ecstasy" and cocaine)
high level of methamphetamine
use disorders

DRUG-BY-DRUG
DEVELOPMENTS IN BRIEF

CANNABIS

Demand

- Cannabis remains by far the world's most commonly used drug.
- An estimated 256 million people used cannabis in 2024, representing 4.8 per cent of the global population aged 15–64 years, or 7.2 per cent of men and 2.3 per cent of women in that age group.
- The number of people who use cannabis has increased by 40 per cent over the past decade.
- Cannabis use remains highest in North America, where 20.5 per cent of the population aged 15–64 years used the drug in 2024.
- Cannabis use disorders remain the primary drug disorders for which people seek drug treatment among 33 per cent of people in drug treatment in Africa and 32 per cent in Oceania.

Supply

- Cannabis is cultivated in nearly all countries worldwide, and mostly outdoors.
- After a long-term upward trend that continued until 2021, seizures of cannabis resin dropped strongly in subsequent years. In contrast, seizures of cannabis herb increased until 2023 and remained at a high level in 2024.
- Trafficking in cannabis herb is largely localized, but trafficking between subregions is acquiring importance. Some countries in which cannabis has entered commercial supply appear to be increasingly used to source cannabis herb for illicit markets elsewhere.
- Trafficking in cannabis resin remains primarily interregional (from North Africa to Western and Central Europe, as well as from South-West Asia to other subregions in Asia and to Europe).
- Information available from North America and Western and Central Europe suggests that cannabis products on the illicit market have become more potent, with increasing levels of THC over the past three decades. More potent strains have also emerged in Latin America.

Key issues

- Cannabis accounts for a substantial share of drug-related harm globally, owing in part to its high prevalence of use: 42 per cent of countries listed cannabis as the drug causing the highest number of drug use disorders, and 36 per cent listed it as the drug responsible for the highest number of people in drug treatment.
- Many countries have made provisions for the medical use of cannabis, but regulatory approaches differ widely between those countries. There is evidence of the effectiveness of cannabinoids in treating a few conditions, but for many other conditions the evidence is limited.
- As at December 2025, Canada, Uruguay and 28 jurisdictions in the United States had enacted legal provisions allowing the cultivation, production, sale and possession of cannabis for non-medical use by adults. Other legislative approaches have emerged recently in other countries, especially in Europe, with varying degrees of regulated access to cannabis for non-medical use. Czechia, Germany, Luxembourg and Malta have regulated access to cannabis for non-medical use by adults. However, a commercial supply chain for cannabis for non-medical use has not yet been established in these countries.

OPIOIDS

Demand

- An estimated 63 million people used opioids in 2024, representing 1.2 per cent of the general population aged 15–64 years. Half of those were in South Asia and South-West Asia.
- Of the people using opioids in 2024, an estimated 30 million used opiates, mainly heroin. This translates into 0.57 per cent of the global population aged 15–64 years, or 0.16 per cent of women and 0.96 per cent of men in that age group.
- The number of people who used opioids worldwide increased slightly between 2018 and 2024, while prevalence of opioid use has remained relatively stable.
- One third of all people in drug treatment in 2024 cited opioids as their primary drug of use, according to data available from 140 countries.
- Opioids remain the most lethal group of drugs, accounting for nearly three quarters of the estimated total number of deaths directly related to drugs (mostly overdoses).

Supply

- The total area under opium poppy cultivation and opium production worldwide remained low in 2025, mainly as a consequence of a 95 per cent decline in production in Afghanistan due to the Taliban opium ban of April 2022.
- Myanmar remained the world's largest producer of opium in 2025, accounting for almost half of the global total.
- There are early indications of a shortage of opiates in some countries supplied by Afghan opiates. Nonetheless, in 2024 the Balkan route remained the main trafficking route for opiates, reflecting the continued existence of opiate stocks in and around Afghanistan.
- A long-term upward trend in the quantities of pharmaceutical opioids seized continued until 2023, followed by a stabilization at a high level in 2024.
- The illicit manufacture of and trafficking in methadone is affecting illicit markets, particularly in Eastern Europe.

Key issues

- Significant health risks continue to be posed by the two ongoing epidemics involving the non-medical use of opioids: use of fentanyls in North America, and the non-medical use of tramadol and codeine in North Africa, West Africa, the Near and Middle East and South-West Asia.
- After a peak in 2022–2023, opioid overdose deaths in North America declined for the first time in 2024 – by 17 per cent in Canada and by over a third in the United States.
- The abrupt reduction in illicit cultivation of opium poppy and the illegal production of opium, especially in Afghanistan, coupled with the availability and proliferation of potent synthetic opioids, such as fentanyls, nitazenes and orphines, is reshaping global opioid markets.
- Despite some progress made in recent years, the availability of pharmaceutical opioids for pain management and palliative care remains extremely low in most low- and middle-income countries and higher than the actual need in some high-income countries.

DRUG-BY-DRUG
DEVELOPMENTS IN BRIEF

COCAINE

Demand	Supply	Key issues
• An estimated 25 million people used cocaine in 2024, representing 0.47 per cent of the global population aged 15–64, or 0.24 per cent of women and 0.70 per cent of men in that age group. • Cocaine users remain concentrated in a number of established markets, with the Americas, Western and Central Europe, Australia and New Zealand accounting for approximately 70 per cent of past-year users. • Data suggest that cocaine use in Africa and Asia has risen over the past two decades, but regional use remains uneven, and a lack of data prevents a clear understanding of the level of use in these two regions.	• The level of potential manufacture of cocaine (expressed in quantities of pure cocaine) reached a new record high in 2024 of around 4,100 tons (range: 3,800–4,700 tons). • Seizures of cocaine almost quadrupled over the last decade; nonetheless, the estimated quantity of cocaine available for consumption also increased. • Cocaine continues to be trafficked mostly using sea routes between regions, with more than 80 per cent of the quantities of cocaine seized in recent years being linked to maritime trafficking.	• After a hiatus during the coronavirus disease (COVID-19) pandemic, the global market for cocaine has continued to expand. Use has been increasing worldwide over the past decade, and supply is also on the rise, with a record high in potential manufacture in 2024. • Globally, the cocaine market continues to show strong increases in both supply and demand. • The clearest signs of cocaine expansion in recent years have been observed in Western and Central Europe. Cocaine consumption has been growing particularly since 2015, as reflected in multiple sources of data, including the analysis of wastewater data. The problematic use of cocaine, especially in the form of “crack” cocaine, is also increasing in Western and Central Europe, as reflected in treatment demand. • Cocaine flows into Western and Central Europe have evolved in terms of routes, entry points and trafficking modalities, but most likely remain abundant. • Cocaine is increasingly trafficked to and used in emerging markets in Asia and Africa. West and Central Africa and North Africa are important transit points for cocaine reaching Europe.

AMPHETAMINE-TYPE STIMULANTS

Demand	Supply	Key issues
• An estimated 32 million people used amphetamines in 2024, representing 0.60 per cent of the global population aged 15–64 years, or 0.34 per cent of women and 0.85 per cent of men in that age group. • Due to large data gaps, particularly in countries where use of amphetamines is likely high, the global trend cannot be calculated. In 2024, 20 countries perceived an increase in use of amphetamines in their countries, while 5 perceived a decrease and 20 a stable trend. • The number of users of amphetamines is highest in East and South-East Asia, with the second largest number of users (and the highest prevalence of use) being in North America. • An estimated 21 million people used "ecstasy"-type substances in 2024, representing 0.40 per cent of the global population aged 15–64, or 0.26 per cent of women and 0.54 per cent of men.	• In 2024, record-high quantities of ATS were seized. Global seizures continued to be dominated by methamphetamine. • As of 2024, the trend in global methamphetamine seizures suggests an annual rate of increase in seizures of approximately 13 per cent. • Trafficking in ATS, in particular methamphetamine, has spread geographically, with notable growth observed in non-traditional markets, including Africa, South-West Asia, South Asia and parts of Europe. • The production of "captagon" in the Near and Middle East has been partially disrupted by the political changes in the Syrian Arab Republic, although the availability of "captagon" persists, reflected in large seizures in the subregion, possibly alongside smaller-scale production of the drug.	• There is a strong association between opioid and methamphetamine use, including elevated levels of methamphetamine use among opioid users. • Methamphetamine manufacture and use have continued to spread beyond the traditional markets for the drug, namely, East and South-East Asia and North America, most notably to South-West Asia, South Asia, the Near and Middle East, Oceania, Europe and Africa. • The illicit manufacture of methamphetamine in South-West Asia continues to supply other countries, and the market for methamphetamine is expanding in neighbouring regions. • The Near and Middle East faces multiple overlapping risks relating to "captagon" and methamphetamine, ranging from the possible realignment and spread of production locations to potential shifts in use patterns from "captagon" to methamphetamine.

DRUG-BY-DRUG
DEVELOPMENTS IN BRIEF

NEW PSYCHOACTIVE SUBSTANCES

Demand

- Beyond the misuse of certain pharmaceutical drugs such as tramadol and ketamine (both licitly and illicitly manufactured), which are not under international control, not one NPS has joined the list of the mostly widely used drugs in the global drug market.
- Some people use NPS unknowingly when they are present as adulterants or in place of other drugs. This can have fatal consequences for individuals, but in terms of aggregated harm, such harm related to NPS (in terms of deaths and hospitalizations) remains considerably lower than for controlled substances.
- Monitoring the prevalence of NPS use remains a challenge due to uncertainty about the content of NPS and their labelling and because such substances tend to suddenly appear in the market and disappear just as suddenly.
- The limited data available, from 26 countries (mostly high-income countries), suggest that 0.3 per cent of the population aged 15–64 have used NPS in the past year, based on the median value.
- The most commonly used NPS are synthetic cannabinoid receptor agonists ("synthetic cannabinoids") and ketamine, followed by synthetic cathinones.

Supply

- A total of 79 countries reported seizures of synthetic NPS in the period 2020–2024, nearly twice the number of countries reporting seizures of plant-based NPS (44 countries).
- Seizures of synthetic NPS increased massively until 2012 and remained at high levels until 2015 before dropping significantly (more than 77 per cent) until 2018 and then gradually recovering again until 2024 to the level reported in 2015, although still below the peak of 2012.
- Most NPS seizures in the period 2020–2024 involved ketamine (68 per cent of the total global quantity of synthetic NPS seized), followed by synthetic cannabinoids (28 per cent) and synthetic cathinones (4 per cent).
- West Africa accounted for a substantial portion of the total global quantity of synthetic cannabinoids seized over the period 2020–2024.
- In 2024, 755 different NPS, a record high number, were reported by Member States to be on the global drug market, of which 118 substances were being identified for the first time.
- Most NPS on the market were synthetic cannabinoids, followed by synthetic cathinones, phenethylamines, synthetic opioids and hallucinogens.
- While the number of fentanyl analogues on the market declined sharply between 2022 and 2025, nitazenes and orphines, two other groups of synthetic opioid NPS, have increasingly emerged on the market.

Key issues

- Control systems have succeeded in containing the spread of NPS in high-income countries, but the geographical spread of NPS trafficking has expanded.
- As at 12 March 2026, the international control system had placed 92 NPS under international control since 2014.
- In some subregions, such as Eastern Europe and Central Asia, NPS (notably synthetic cathinones) have become a major problem.
- The supply and use of ketamine, which is still among the most used drugs in East and South-East Asia, have started to spread to several other subregions, including Western and Central Europe and Australia. The drug is used both on its own and as part of drug mixtures, the contents of which are largely unknown to users.
- Nitazenes and orphines, which are two groups of potent synthetic opioids, have been reported in many regions, especially Europe and North America, where they were responsible for hundreds of deaths by the end of 2024, but also in Oceania, and West Africa where nitazenes have been found in some of the smoked mixtures known as "kush".

REGION-BY-REGION
DEVELOPMENTS IN BRIEF

AFRICA

Demand

- Cannabis was used in the past year by 7.5 per cent of the population aged 15–64 in 2024 in Africa. Use of the drug is particularly high in Southern Africa and West and Central Africa, where the prevalence of use was around 10 per cent in 2024.
- Use of opioids is also relatively high in Africa, with 1.4 per cent of the population aged 15–64 estimated to have used such drugs in 2024. The non-medical use of tramadol remains a threat, in particular in North Africa and West and Central Africa.
- Although treatment data remain scarce, they suggest that cocaine use is generally increasing across the continent, in particular in West and Central Africa and Southern Africa. At least 5,760 people with cocaine use disorders were treated in Africa annually in recent years.
- The use of khat, a plant-based NPS, is widespread in East Africa, while the use of synthetic NPS is most commonly reported in Southern Africa, but data regarding both types of NPS remain scarce.
- Of the estimated 1.5 million people who inject drugs in Africa, 204,000 (15.3 per cent) were living with HIV in 2024. Within the region, West and Central Africa and North Africa have the highest prevalence of people who inject drugs among the general population (0.2 per cent each), while Southern Africa has the highest prevalence of HIV among people who inject drugs (41.4 per cent). The prevalence of HIV among people who inject drugs in East Africa (16.6 per cent) and North Africa (12.6 per cent) is also higher than the global average of 11.5 per cent.

Supply

- Africa accounted for 61 per cent of the total quantity of cannabis herb and resin seized worldwide in 2024, ahead of the Americas, Asia and Europe.
- North Africa continued to be the main hub for interregional trafficking in cannabis resin to Western Europe and for trafficking in pregabalin in 2024. Pregabalin shipments to North Africa were reported to originate mainly from South Asia.
- Africa accounted for 60 per cent of the total quantity of pharmaceutical opioids seized worldwide between 2020 and 2024, largely due to the non-medical use of codeine (seizures of 311 tons) and tramadol (seizures of 242 tons) on the continent. Africa accounted for 55 per cent of global seizures of codeine and for 97 per cent of global seizures of tramadol between 2020 and 2024.
- Most cocaine in Africa is seized near the coast. Over the period 2020–2024, most cocaine seizures were conducted in West and Central Africa, and in 2024, most cocaine seizures were conducted in Southern Africa. The region, in particular West Africa, is used as a trans-shipment area for cocaine from South America destined for Europe.
- Around a fifth of global heroin seizures were conducted in Africa in 2023 and 2024, up from 2 per cent in 2020, reflecting the growing significance of heroin trafficking by way of the southern route from Afghanistan in recent years. Heroin from South-West Asia is trafficked through all the subregions of Africa, often with East Africa as the entry point, onward to other markets in Africa and consumer markets in Western and Central Europe.
- Seizures of NPS in Africa were dominated by khat, followed by synthetic cannabinoids, over the period 2020–2024. Seizures of synthetic cannabinoids increased rapidly in West and Central Africa between 2021 and 2024, mainly linked to the supply of “kush”.

Key issues

- Africa has a large gender gap in the use of cannabis, with approximately one woman for every nine men using cannabis.
- The majority of people treated for drug use disorders in Africa are under the age of 35, and most people seek treatment in relation to cannabis and opioid use disorders.
- Africa remains a key trafficking region for cocaine in West Africa and heroin in East Africa, while cannabis is mostly produced within the region.
- The opioid epidemic related to the non-medical use of tramadol continues to pose significant health risks in West and Central Africa and North Africa. Trafficking in and non-medical use of codeine also affect West and Central Africa.
- The high prevalence of people who inject drugs remains an issue in West and Central and North Africa, while the exceptionally high rates of HIV and hepatitis C infections in people who inject drugs is of particular concern in Southern Africa.
- The pre-existing and emerging use of drug mixtures and concoctions, such as “nyaope” and, more recently, “kadhafi” and “kush”, is an increasing threat to public health in some African countries. Limited evidence shows that they contain harmful substances, including potent opioids from the nitazenes group.
- With an average of 25 standard daily doses per million of the population in 2024, West and Central Africa remains the subregion with the lowest availability of internationally controlled medicines for pain management and palliative care.

REGION-BY-REGION
DEVELOPMENTS IN BRIEF

AMERICAS

Demand

- North America is the largest cocaine market worldwide. A total of 6.5 million people, or 1.9 per cent of the population aged 15–64, are estimated to have used the drug in 2024.
- Globally, South and Central America and the Caribbean are the subregions with the highest proportion of people in drug treatment owing to the use of cocaine products. They are also the subregions with the largest variety of cocaine products available on the market.
- Opioid use in North America remains high, with 2.6 per cent of the population aged 15–64 reporting past-year use (i.e. 8.6 million users) in 2024.
- There has been a significant increase in the number of people in treatment for methamphetamine use disorder in North America over the past decade, most recently in Mexico.
- 4.6 million people inject drugs in the Americas, representing nearly a third of the global estimate of people who inject drugs. In total, 241,000 people who inject drugs were living with HIV and 1.9 million people who inject drugs were living with hepatitis C in the region in 2024. North America has one of the highest prevalences of people who inject drugs among the general population (1.0 per cent of the general population), corresponding to 3.5 million people in 2024; however, the estimated prevalence of HIV among people who inject drugs (6.9 per cent) in North America is below the global average.

Supply

- Interceptions of cannabis have been declining substantially in North America since 2010, despite a rapidly growing cannabis market, likely reflecting a change in law enforcement priorities owing to the legalization of non-medical cannabis in many jurisdictions in the subregion.
- The manufacture of cocaine in South America reached a record high in 2024 of around 4,100 (3,800–4,700) tons (pure cocaine).
- Cocaine seizures have shifted closer to production sites in South America, where total quantities seized continued rising to a record high and are now almost seven times as large as those in North America; in parallel, cocaine seizures in Western and Central Europe have exceeded those in North America for six consecutive years.
- In North America, the methamphetamine market has stabilized at high levels. Most of the methamphetamine manufactured in North America is for consumption within the subregion.
- North America accounted for more than 99 per cent of all fentanyl and analogues seized worldwide in the period 2020–2024; the quantities seized rose and peaked in 2023, but then declined by 37 per cent in 2024.
- Strains of highly potent cannabis have emerged in Latin America over the past decade.

Key issues

- The opioid epidemic related to illicitly produced fentanyls in North America had been driving the number of overdose deaths to record highs. Since the peak in the period 2022–2023, there has been a reversal in this trend, and the number of overdose deaths has declined for the first time in a decade. Opioid overdose deaths involving fentanyls declined by an estimated 17 per cent in Canada and by at least one third in the United States in 2024.
- The gender gap in cannabis use is closing in North America, where the level of use of the drug is particularly high.
- The Americas are affected by increasing cocaine trafficking, and there are record levels of manufacture of the drug in South America, where high levels of criminal violence are linked to such trafficking.

ASIA

Demand	Supply	Key issues
• Over half the estimated number of people who use opioids globally are in Asia (representing 1.2 per cent of the region's general population), with the prevalence of opioid use in 2024 in the Near and Middle East/South-West Asia being one of the highest worldwide (3.5 per cent). • Methamphetamine is the main drug of concern in East and South-East Asia, whereas opiates, in particular opium and heroin, predominate in South-West Asia and South Asia. • Methamphetamine use has risen in Afghanistan and other countries in South-West Asia in recent years. • Although "captagon" prevails in the Near and Middle East, the use of methamphetamine is increasing in the subregion. • The non-medical use of pregabalin has also been reported in the Near and Middle East. • The gender gap in cannabis use in Asia is the largest globally; 92 in every 100 people who used cannabis in the past year in the region were men. • Asia accounts for more than one third of the global number of people who inject drugs – 5.3 million in 2024. The total number of people who inject drugs living with HIV in Asia (629,000) accounts for 40 per cent of the global estimate. The highest prevalence of HIV, among people who inject drugs, globally, is in South-West Asia (28.5 per cent); the prevalence of hepatitis C in East and South-East Asia is also high (64.8 per cent).	• The implementation of the April 2022 ban on drug production in Afghanistan has led to a dramatic decline in the cultivation and production of opium, and Myanmar has remained, since 2023, the world's largest producer of the substance. Nonetheless, most trafficking, at least until 2024, remained linked to opiates produced in Afghanistan. • The quantities of heroin and morphine seized are declining in Asia, and they declined by 21 per cent in 2024. Stocks related to opium production from Afghanistan in previous years are diminishing, but are still supplying much of the heroin markets traditionally supplied by heroin from Afghanistan. • "Captagon", mainly manufactured in the Syrian Arab Republic and Lebanon in recent years, remains one of the drugs of major concern in the Near and Middle East. The long-term impact of the political changes in the Syrian Arab Republic and the resulting dismantling of major laboratories there on the global "captagon" market remains to be seen, although large seizures in the Syrian Arab Republic, Lebanon and some other countries in the region in 2025 suggest that trafficking is ongoing, probably as a result of the release of existing stocks. • There are indications that methamphetamine manufacture has increased in South-West Asia in recent years. • There is substantial manufacture of methamphetamine in East and South-East Asia, and seizures reached historically high levels in 2024. Myanmar continues to be the predominant source country for this market. • Cocaine seizures suggest a geographical expansion in the trafficking of cocaine to Asia. Several countries with large populations and increasing spending power registered record-high or historically high levels of seizures in 2023 or 2024.	• Some signs of a shortage of Afghan heroin has started to be noted in some major consumer markets. There is an increasing risk that the shortage in heroin supply will lead to it being replaced by more harmful substances, such as some synthetic opioids, including fentanyl, nitazenes and orphine analogues. The latter two are often more potent than fentanyl, and together could lead to an increase in overdose deaths in different regions. • The illicit manufacture of and trafficking in methamphetamine are expanding in South-West Asia and the Near and Middle East. The market for methamphetamine is increasingly showing signs of taking hold in the Near and Middle East. • The drug markets in Central Asia and Transcaucasia are characterized by a number of synthetic drugs, some of which are internationally controlled (such as methamphetamine and mephedrone) and some of which are not (most synthetic cathinones). • The non-medical use of tramadol and its trafficking has also extended to South-West Asia, the Near and Middle East and Central Asia and Transcaucasia. • South-West Asia has one of the highest prevalences of opioid use and of people who inject drugs and are living with HIV.

REGION-BY-REGION
DEVELOPMENTS IN BRIEF

EUROPE

Demand

- Western and Central Europe is the second largest cocaine market in the world, with clearly increasing levels of use, in particular since 2015. The drug was used by an estimated 5.5 million people, or 1.7 per cent of the population aged 15–64, in 2024.
- Drug treatment data indicate a recent worrying trend in Western and Central Europe involving an increase in cocaine use disorders related to "crack" cocaine.
- Amphetamine is the second most used stimulant in Europe after cocaine, and the use of ATS has been increasing in the region over the past decade.
- Western and Central Europe remains a major consumer market for "ecstasy".
- Opioids (especially heroin) remain the main drug type for which most people are in drug treatment in Europe, but cannabis follows closely behind, and its use is more common among those being treated for the first time.
- There is also evidence, mainly from wastewater analysis and treatment presentations, of an increase in ketamine consumption in the region, especially in Western and Central Europe.
- Eastern Europe has the highest prevalence of people who inject drugs worldwide (1.3 per cent in 2024), corresponding to 1.7 million people who inject drugs, a high prevalence of people who inject drugs living with HIV (25.7 per cent), and a high prevalence of hepatitis C (53.0 per cent) among people who inject drugs.

Supply

- Although large quantities of cannabis herb trafficked in Western and Central Europe continue to originate from within the subregion, the importation of cannabis herb from other regions has gained significance; there continue to be substantial imports of cannabis resin into the subregion from North Africa.
- In the European Union, low-THC herbal material, likely sold on the illicit market as cannabis, is increasingly found to have been "enhanced" with synthetic and semi-synthetic cannabinoids, some of which are highly potent.
- Western and Central Europe remains a hub for the manufacture of synthetic drugs, in particular "ecstasy" and amphetamine. There are also signs of an expansion in the manufacture of methamphetamine, which has shifted from geographically limited, small-scale production intended for a small domestic market in specific countries to laboratories in a broader range of countries, some of which are large-scale.
- Seizures of amphetamine used to clearly exceed those of methamphetamine in Europe, although the opposite was true in the most recent years (2022, 2023 and 2024), following a strong rise in methamphetamine seizures in Türkiye, mainly linked to methamphetamine originating in South-West Asia.
- Trafficking in cocaine has been on the rise in Europe, as reflected in consistent increases in seizures of the drug over the past decade. Cocaine seizures in Western and Central Europe grew more than sevenfold during the period 2014–2023. In 2024, cocaine trafficking patterns shifted away from large consignments through the major seaports on the North Sea coast, towards south-western Europe, along with the use of smaller ports and a greater reliance on modalities other than containerized shipments.
- The illicit production of methadone is affecting Eastern Europe, where trafficking in synthetic drugs has rapidly expanded.

Key issues

- In 2024 and 2025, the cocaine market continued to grow in Western and Central Europe and South-Eastern Europe, as shown by wastewater analysis and other data sources such as surveys and drug treatment data.
- In recent years, some cocaine has also been reaching Eastern Europe.
- The health harm associated with cannabis use has increased in Western and Central Europe, as reflected in the long-term increase in the number of people in treatment for cannabis use disorders; over 40 per cent of people accessing drug treatment services for the first time in 2024 were being treated for cannabis use disorders, making it the most common drug among people in drug treatment.
- In Eastern Europe, the drug market has changed in the last few years, and synthetic drugs now dominate, in particular synthetic cathinones, ATS overall and illicitly produced methadone.
- The high prevalences of people who inject drugs and of people who inject drugs living with HIV in Eastern Europe, and the high prevalence of people who inject drugs living with hepatitis C in Europe overall, are of key concern.

OCEANIA

Demand

- Past-year use of cocaine in the subregion of Australia and New Zealand remains the highest worldwide, with 4.2 per cent of the population aged 15–64 having used the drug in 2024.
- Consumption of cocaine (based on wastewater analysis), however, has been lower than in other parts of the world for a long time, suggesting that most past-year users of cocaine were occasional users. Nevertheless, in Australia, wastewater measurements indicate a strong growth in cocaine consumption since the low levels of 2022.
- Past-year use of "ecstasy" in the subregion of Australia and New Zealand remains by far the highest worldwide (2.5 per cent of the population aged 15–64); this is consistent with the levels of MDMA found in wastewater analysis.
- Cannabis use is significantly higher than the global average, with prevalence of use reaching 11.9 per cent of the population aged 15–64 in the subregion of Australia and New Zealand.
- The prevalence of cannabis use among school students aged 15 and 16 is also relatively high in Oceania, at 12.9 per cent, compared with the global average of 4.8 per cent.
- Countries in Oceania have a prevalence of people who inject drugs (0.5 per cent) higher than the global average, corresponding to 140,000 people injecting. However, the prevalence of HIV among people who inject drugs (1.5 per cent) and hepatitis C (17.5 per cent) remains quite low compared with the prevalence in other regions.

Supply

- Following a peak in Oceania in 2023, heroin seizures declined in 2024. Most of the heroin seized originated in South-East Asia over the period 2020–2024.
- Seizures of cocaine declined slightly in 2024 from the peak in 2023, but still ranked the third highest quantity ever reported from Oceania.
- Cocaine shipments destined to Oceania, based on seizures over the period 2020–2024, are not only coming from South America but also from North America, Europe and Asia. Transit through other regions than South America, where the drug is produced, can be explained by the high price of the drug in Australia and New Zealand.
- In 2024, seizures of methamphetamine reached their highest level over the period 2020–2024, although they were still lower than a decade previously.
- Methamphetamine is both produced within Oceania and imported to the region from East and South-East Asia and North America. Data suggest that seized quantities of methamphetamine manufactured from P-2-P precursors increased over the past decade, in turn indicating an increase in the significance of imports of the drug from North America.

Key issues

- In Australia, the annual use of methamphetamine has been decreasing in the general population and among people who regularly use "ecstasy", but consumption of the drug has become more intensive, causing greater harm among people who inject drugs. Wastewater analysis shows an increasing trend in overall methamphetamine consumption sustained over a four-year period.
- In New Zealand, consumption of methamphetamine, based on wastewater analysis, appears to have recently increased sharply.
- Approximately 40 per cent of those in drug treatment in Australia are being treated for methamphetamine use disorders.
- Although a high proportion of persons in drug-related treatment in Australia and New Zealand (32 per cent in 2024) cited cannabis as their main drug of concern, the annual prevalence of non-medical cannabis use in the subregion has remained relatively stable in the long-term in Australia and in the past eight years in New Zealand, albeit at relatively high levels.
- People in drug treatment in the subregion of Australia and New Zealand are relatively young, in particular in Australia, where 52 per cent are under the age of 35.
- The Pacific island States are increasingly being targeted as transit points for cocaine and methamphetamine primarily destined for Australia and New Zealand.

EXPLANATORY NOTES

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

Since there is some scientific and legal ambiguity about the distinctions between "drug use", "drug misuse" and "drug abuse", the neutral term "drug use" is used in the *World Drug Report*. The term "misuse" is used only to denote the non-medical use of pharmaceutical drugs.

All uses of the word "drug" and the term "drug use" in the *World Drug Report* refer mainly to substances controlled under the international drug control conventions, and their non-medical use. "Drug use" may also refer to the non-medical use of pharmaceutical drugs and of new psychoactive substances that are not under international control.

The term "seizures" is used in the *World Drug Report* to refer to quantities of drugs seized, unless otherwise specified.

All analysis contained in the *World Drug Report* is based on the official data submitted by Member States to UNODC through the annual report questionnaire, unless indicated otherwise. Sex-disaggregated analysis has been included wherever possible.

The data on population used in the *World Drug Report* are taken from: *World Population Prospects: The 2024 Revision* (United Nations, Department of Economic and Social Affairs, Population Division).

References to dollars ($) are to United States dollars, unless otherwise stated.

References to tons are to metric tons, unless otherwise stated.

The following abbreviations have been used in the present booklet:

ATS	amphetamine-type stimulants
COVID-19	coronavirus disease
GHB	*gamma*-hydroxybutyric acid
ha	hectares
HIV	human immunodeficiency virus
MDMA (or "ecstasy")	3,4-methylenedioxymethamphetamine
NPS	new psychoactive substances
P-2-P	1-phenyl-2-propanone
THC	tetrahydrocannabinol
UNODC	United Nation Office on Drugs and Crime

REGIONAL GROUPINGS

The World Drug Report uses a number of regional and subregional designations. These are not official designations, and are defined as follows:

AFRICA

- East Africa: Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, South Sudan, Uganda, United Republic of Tanzania and Mayotte
- North Africa: Algeria, Egypt, Libya, Morocco, Sudan and Tunisia
- Southern Africa: Angola, Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe and Reunion
- West and Central Africa: Benin, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Togo and Saint Helena

AMERICAS

- Caribbean: Antigua and Barbuda, Bahamas (The), Barbados, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Anguilla, Aruba, Bonaire, Netherlands (Kingdom of the), British Virgin Islands, Cayman Islands, Curaçao, Guadeloupe, Martinique, Montserrat, Puerto Rico, Saba, Netherlands (Kingdom of the), Sint Eustatius, Netherlands (Kingdom of the), Sint Maarten, Turks and Caicos Islands and United States Virgin Islands
- Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama
- North America: Canada, Mexico, United States of America, Bermuda, Greenland and Saint-Pierre and Miquelon
- South America: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela (Bolivarian Republic of) and Falkland Islands (Malvinas)

ASIA

- Central Asia and Transcaucasia: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
- East and South-East Asia: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand, Timor-Leste, Viet Nam, Hong Kong, China, Macao, China, and Taiwan Province of China
- Near and Middle East: Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen and State of Palestine
- South Asia: Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka
- South-West Asia: Afghanistan, Iran (Islamic Republic of) and Pakistan

EUROPE

- Eastern Europe: Belarus, Republic of Moldova, Russian Federation and Ukraine
- South-Eastern Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, North Macedonia, Romania, Serbia, Türkiye and Kosovo[1]
- Western and Central Europe: Andorra, Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands (Kingdom of the), Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, Faroe Islands, Gibraltar and Holy See

OCEANIA

- Australia and New Zealand: Australia and New Zealand
- Polynesia: Cook Islands, Niue, Samoa, Tonga, Tuvalu, French Polynesia, Tokelau and Wallis and Futuna Islands
- Melanesia: Fiji, Papua New Guinea, Solomon Islands, Vanuatu and New Caledonia
- Micronesia: Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau, Guam and Northern Mariana Islands

United Nations
Office on Drugs and Crime

Vienna International Centre, PO Box 500, 1400 Vienna, Austria
Tel: +(43) (1) 26060-0, Fax: +(43) (1) 26060-5866, www.unodc.org

UNODC Research

A global reference on drug markets, trends and policy developments, the *World Drug Report* offers a wealth of data and analysis and, in 2026, comprises several elements tailored to different audiences. The web-based **Drug market patterns and trends** contains the latest analysis of global, regional and subregional estimates of and trends in drug demand and supply in a user-friendly, interactive format supported by graphs, infographics and maps. **Highlights** provides a series of short topical analyses of key developments and issues that characterize the current world drug problem, while **Special points of interest** offers a framework for the main takeaways that can be drawn from those developments.

As well as providing a comprehensive overview of global drug trends and key issues, the *World Drug Report 2026* features, in its thematic chapter, a focused analysis of the **Impact of drug use on safety and security.** In this chapter, the impact on individual and public safety and security from drug use is examined in three intersecting, overlapping and multidimensional mechanisms or pathways: psychopharmacological, economic-compulsive and systemic.

The *World Drug Report 2026* is aimed not only at fostering greater international cooperation to counter the impact of the world drug problem on health, governance and security, but also at assisting Member States in anticipating and addressing threats posed by drug markets and mitigating their consequences.

The *World Drug Report 2026* is published on the UNODC website:
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